Clinical Lectures

DELIVERED AT

THE ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS,

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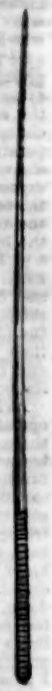
LECTURE IV.

INFLAMMATION OF THE LACHRYMAL SAC (DACRYOCYSTITIS).

GENTLEMEN,—The first patient (J. C——, aged thirty-six), whom I introduce to your notice to-day, affords a striking example of acute dacryocystitis. He applied here yesterday for advice, and stated that five or six days ago he was attacked with severe pain over the right lachrymal sac, followed by swelling and redness of this region, as well as of the cheek and the eyelids. These symptoms have greatly increased in severity for the last day or two. He is a labourer, and much exposed to the inclemency of the weather, and caught a severe cold about a week ago. You now observe that there is considerable swelling and redness of the right side of the face, the eyelids being also puffy and œdematous. In the region of the lachrymal sac the swelling is most considerable, and is tolerably circumscribed, and of an ovoid shape. The skin is at this point particularly red and glistening, and much thinned, the matter evidently pointing. The surface is, however, quite unbroken as yet, and there is no trace of a fistulous opening. The eyelids are very œdematous and red, this swelling extending even somewhat above the eyebrow. On eversion of the lower lid, we notice that the conjunctiva is somewhat swollen and injected, and that there is considerable epiphora. He has had very severe and constant pain, which is not confined to the sac and its vicinity, but extends over the corresponding side of the face and head. On pressure, the ovoid swelling over the sac is found to be soft and resilient; but it is so exquisitely tender that it is impossible to exert sufficient pressure to squeeze out any matter through the puncta. When the inflammatory symptoms are less acute, and the sensitiveness not so great, we can often squeeze out a little pus through the puncta or the nasal duct. The disease is evidently spontaneous in origin, and is due to exposure to cold. There is no history of the previous existence of obstinate epiphora indicative of a stricture, nor of any symptoms of blennorrhœa of the sac, neither are there any signs of periostitis or caries of the nasal bones, all of these affections being not uncommon causes of acute dacryocystitis. The latter is also frequently due to an extension of the inflammation to the sac, either downwards from the conjunctiva and the canaliculi, or upwards from the mucous membrane of the nostril and the nasal duct. The disease may, therefore, supervene upon nasal catarrh or some inflammation of the conjunctiva (more especially granular ophthalmia). Erysipelas is sometimes mentioned as a frequent cause; but this affection is rather the effect than the cause. Dacryocystitis does not always run so acute a course as in this instance, but is more chronic and protracted, the inflammatory symptoms being much less severe. If the disease is left to itself, the skin gradually gets thinner, marked fluctuation is felt, and finally the abscess breaks through the skin, and the pus escapes. The inflammation may completely subside, the opening close and cicatrise firmly, or obstinate attacks of chronic inflammation may recur. Again, a fistulous opening may be left, through which a thin mucopurulent discharge and the tears constantly ooze; or the matter may previously burrow into the neighbouring cellular tissue, and give rise to secondary pouches or diverticula.

In treating cases of acute dacryocystitis our first endeavour is to obtain a good-sized opening into the sac, so as to permit of the free escape of the discharge. This may be effected either by making an incision into the sac through the skin, or by dividing the punctum and canaliculus quite into the sac.

Fig. 1



I will first describe the latter mode of treatment. The opening may be made either by the lower or the upper punctum. In the former case, a grooved director (Fig. 1) is to be passed through the lower punctum and canaliculus, and these are to be divided upon the director with Sichel's extraction knife. Instead of the director and cataract knife, we may employ a very fine pair of straight blunt-pointed scissors, the one blade of which is to be inserted into the lower punctum, and run along to the extremity of the canaliculus, and then divided at one snip. I, however, prefer Bowman's narrow, probe-pointed canaliculus knife, which is inserted into the punctum, and run, with its cutting edge upwards, along the canaliculus quite up to its extremity, and the latter can then be easily divided along its whole extent by lifting the knife from heel to point. The extremity and blade of the knife should be very narrow, otherwise it will be difficult to introduce it if the punctum is small.

I think it better still to divide the upper punctum and canaliculus, for we then obtain a freer opening into the sac. This may be done with the director and cataract knife, or with Weber's beak-pointed knife (Fig. 2). The little nodular beak point is to be inserted into the upper punctum and passed along the canaliculus into the sac, and the canaliculus divided to its whole extent. The instrument should then be passed somewhat further into the sac, and the internal palpebral ligament divided subcutaneously with a slightly sawing movement, the cutting edge of the blade being turned forwards and outwards. During the division it will be felt to grate a little. In this way we shall gain a very free opening into the sac, and afford ready exit to the matter. A probe may then be passed to dilate the lower opening of the sac and the nasal duct. But if the mucous lining of the sac is much inflamed, it is better to abstain from the probing for a few days, as it only tends to irritate and excite fresh inflammation. After a free exit has been obtained for the discharge, the inflammatory symptoms rapidly subside, the pain is at once relieved, and the swelling disappears. Moreover, by the timely employment of this mode of treatment we may prevent spontaneous perforation, even when the skin over the abscess has already become very thin. But if perforation is imminent, the sac should be freely opened with a scalpel, the incision running in a downward and outward direction, and being of a sufficient size to permit of the ready escape of the pus. A narrow strip of lint should be inserted into the sac, so as to keep the wound patent and permit of the draining off of the matter. A warm poultice is to be applied after the operation, and frequently changed. We may divide the upper canaliculus at the same time, which saves the patient the annoyance of two separate operations; or this may be postponed for a few days, until the inflammatory symptoms have abated, and a probe should then be passed through the sac and nasal duct, so that a free passage may be gained for the tears and discharge. If perforation of the sac has already taken place before the surgeon saw the case, the upper canaliculus and neck of the sac should be freely divided and a probe passed daily. The irregular ragged opening in the skin should be lightly touched with sulphate of copper, which will soon cause it to cicatrise. If any fistulous openings exist in connexion with diverticula, they should be laid open, and caused to heal from the bottom. In chronic inflammation of the sac accompanied by an obstinate muco-purulent discharge, the treatment by division of the canaliculus and the passing of probes often does not suffice. In such cases the sac should be syringed out with an astringent injection (two to four grains of sulphate of zinc, or two grains of alum, to one ounce of distilled water); to be repeated every day, or every other day.

Fig. 2.

The next case to which I shall call your attention is one of long-standing and obstinate blennorrhœa of the sac (mucocele), which was finally cured by Stilling's operation.

The patient (aged fifty-four) has attended here for many

months; and was troubled in the right eye by obstinate epiphora, and the oozing out through the puncta of a turbid muco-purulent discharge. Over the region of the sac was noticed a moderate, circumscribed swelling, which was elastic to the touch, and, on firmer pressure with the finger, a quantity of discharge could be pressed out through the puncta, the finger at the same time sinking into the skin. The distension of the sac and the amount of lachrymation and discharge varied greatly with the changes in the temperature. As long as the weather was warm and dry, she was free from any trouble; but as soon as she exposed herself to a cold wind or damp atmosphere the sac became swollen and somewhat inflamed, and the discharge thicker and more copious. I divided the lower punctum and canaliculus, and, on passing a probe, found a slight stricture at the top of the nasal duct. In spite, however, of long-continued and diligent treatment by probing, and the use of astringent injections, the disease persisted, fluctuating, however, greatly in its intensity; at one time being greatly ameliorated for several weeks, and then, on the least exposure, recurring with all its former severity.

FIG. 3.

At length I performed, in last November, Stilling's operation, and with complete success; for, as you observe, there is now not the slightest swelling of the sac, nor any trace of lachrymation or discharge upon firm pressure.* Dr. Stilling's operation† consists in dividing the punctum and canaliculus, and then passing a probe to ascertain the exact seat of stricture; the probe is then withdrawn, and a short triangular knife‡ (Fig. 3) passed down to the seat of stricture, and the latter incised in three or four directions. The knife is then withdrawn, the probe reintroduced, and if another stricture is found further down, this is also divided. In this case I performed Dr. Warlomont's§ modification of Stilling's operation. After slitting up the upper punctum and canaliculus with Weber's knife, I passed down the small end of Weber's biconical sound (Fig. 4) through the sac down into the nasal duct, so as to dilate this widely. On withdrawal of the sound, I passed Stilling's knife quite down into the nasal duct, so that the whole blade disappeared, and then incised the duct in three or four directions, until the knife could be freely turned in all directions. The operation was followed by a good deal of swelling and ecchymosis; but a great improvement in the affection was soon apparent, and in a few weeks it was completely cured, without any subsequent treatment, by probes, injections, &c. The favourable action of this operation appears to be chiefly due to its affording a very free exit to the contents of the sac. As it is very painful, chloroform should always be given. I have tried this operation in numerous cases of obstinate blennorrhœa of the sac and stricture of the lachrymal passages with varying success. The above is the only case in which I have obtained a complete and apparently permanent success. In most of the others considerable benefit was derived; but the operation had to be supplemented by the occasional use of probes or Weber's sound, and of injections, which subsequently led to favourable results. I have found it answer best in cases of obstinate chronic blennorrhœa of the sac, accompanied by a copious secretion of muco-purulent discharge, and but a slight stricture. In such, a permanent and very free exit is thus permitted for the escape of the pus.

FIG. 4.

* The cure has lasted to the time of publication of this lecture.

† Vide Dr. Stilling's *brochure*, "Ueber die Heilung der Verengerungen der Thränenwege mittelst der innern Incision." Cassel, 1868.

‡ The blade of the knife is 13 mm. long, 3 mm. broad nearest the handle, and gradually diminishes to ½ mm. at the point, which is somewhat rounded, but cutting. The blade passes over into a flat stem, which is about the size of Bowman's largest probe, and is attached to the handle. The back of the blade should be made strong and rather wedge-shaped, and it should not be too highly tempered, otherwise it may easily break, or a portion be chipped off, in forcing it through the stricture, or in incising the latter. The knife is made by Messrs. Weiss.

§ Annales d'Oculistique, Oct. 1868.

ON THE USE OF TONICS IN THE TREATMENT OF CHRONIC BRONCHITIS AND EMPHYSEMA.

BY JOHN C. THOROWGOOD, M.D.,

ASSISTANT-PHYSICIAN TO THE HOSPITAL FOR DISEASES OF THE CHEST, VICTORIA-PARK.

ALTHOUGH there is no lack in our materia medica of medicines reputed excellent for chronic bronchitis, emphysema, and those asthma-like difficulties in the breathing consequent upon these two complaints, still the undoubted fact remains that these chronic lung affections are exceedingly obstinate and hard to cure; they give way perhaps for a time under the influence of some new remedy, but it is only to return again as bad as ever, to the distress of the patient and disappointment of the doctor.

It is among those who are getting somewhat into years that we find the most numerous and marked examples of chronic bronchitis, with more or less pulmonary emphysema; and these patients, always more or less dyspnœic, are often liable to attacks of difficulty in their breathing, which they call asthma, and which at times—as, for instance, after a prolonged burst of coughing—have all the characters of true spasmodic asthma, and are, like it, due to a cramp-like closure of the bronchial muscle, resulting from the violent expiratory effort of the cough.

The general and more abiding breath difficulties of these cases of old-standing bronchitic emphysema appear, however, to be rather of a paralytic than of a spasmodic nature, and are due partly to some degree of defective primary innervation through the vagus, but more especially to impaired nutrition of the dilated air-vesicles and loss of contractile force in the bronchial muscle.

The two most common causes of this morbid state of lung are repeated attacks of chronic bronchitis, or inveterate and incurable asthma. Both these affections usually result in emphysema, with thinned and degenerative air-vesicles; and the latter, by the fits of severe spasm to which it so constantly subjects the bronchial muscle, especially tends to exhaust its nervous irritability and greatly to impair its contractile power.

It is when these evil conditions are thus developed that we find the expiration so prolonged and imperfect. It seems as if the sufferers were unable to expire sufficiently to get a proper renewal of the air pent up in their lungs, and hence arises much of their discomfort.

In a typical and aggravated case of bronchitic emphysema, resulting from asthma of twenty-five years' standing, the patient remarked to me on the agreeable feeling of relief that followed percussion of the chest, just as if the stagnant air had been thus mechanically forced out of his chest and fresh air enabled to enter in its place.

It is not long since I saw a veteran member of our profession who presented well-marked symptoms of emphysema and chronic bronchitis, and who, alluding to the fits of dyspnœa which for many years had so sorely tried him, said to me, "It is not the getting air *into* my chest, it is getting it *out* that I find so difficult."

We know that the morbid anatomy of these cases shows us greatly dilated air-vesicles with very thin walls. In a measure, the degenerating human lung comes to resemble the lung of a reptile; where, as in the turtle, the air-cells are very large, and after the lung has been gradually inflated, it is slowly emptied of the air, which issues through the glottis with a prolonged hissing sound characteristic of animals of the reptile class.

The peculiar kind of asthma which has been described by Wunderlich as gradually increasing upon the patient for days, till his chest is in a state of extreme distension, with heart and liver pushed downwards into the abdomen, appears to me an example of this same kind of dyspnœa due to loss of contractile power in the pulmonary tissue, and likely to be associated with serious emphysema and degeneration of the walls of the pulmonary vesicles.

It would be foreign to the purpose of this paper to enter more minutely into the morbid anatomy of chronic bronchitis and emphysema, or to go further into the physical signs of these diseases than is necessary for illustrating points in the treatment. I may, however, remind the reader that, under effective treatment, the actual rarefaction and air-distension of the lung-substance can be demonstrably reduced, the morbid clearness on percussion may be lessened, and the quantum of respiration improved. As lung-distension diminishes in this way, it has been pointed out by Dr. Walshe how the area of the heart's superficial dulness perceptibly increases; and all this good may be attained by the removal of bronchitis.

Undoubtedly this is very satisfactory, so far as it goes; but, from what I have observed of the progress of these chronic bronchial disorders, I am inclined to think that, in our persistent efforts with various antispasmodics and sedatives to ease the breath and cure the cough, we lose sight of those atrophic and degenerative tissue-changes which underlie the symptoms we treat, and for a time, perhaps, are fortunate enough to cure. In the instances of medical men of years and experience for whom I have have had to prescribe, I have been struck to observe how persistently they had been using all manner of expectorants and sedatives, and the distrust they felt of any such tonic as iron, bark, or quinine. Among the ordinary public I have more than once been told by patients who for years had suffered in the way described, that I must not prescribe a tonic, or that iron is sure not to suit them; and yet, so far as I have been able to see from their voluminous prescriptions, I have not found that any tonic has ever been given. What it is that makes these patients so averse to a tonic remedy I have not yet found out, though for years I have been aware of the fact. One patient who was very particular in laying down the law on this subject, owned to deriving more benefit from nux vomica and phosphoric acid than from anything else; and I have learned recently that my old medical friend, to whom I recommended iron with nux vomica, is able to speak most favourably of the treatment. These two medicines—iron and nux vomica,—or else strychnine in small doses, seem to me specially beneficial where there is constant dyspnœa with prolonged expiration. The presence of expectoration and of occasional fits of severe nocturnal asthma is no drawback to their administration; and not infrequently the nux vomica will relieve these spasmodic attacks most effectually. Another medicine that is of great service, and that appears to promote nutrition, is arsenic. At times this drug will act quite like a specific in improving the breathing, as, for example, in the following case:—

Mrs. G——, aged fifty, seen July 7th, 1864, at Victoria-park Hospital. She has been three months under medical treatment; but still complains of difficulty in breathing, attacks of asthma at night, much cough, with profuse yellow expectoration. Chest extra resonant, with feeble breathing, and bronchial râles; heart healthy; much sickness at stomach, and vomiting. Ordered two drops of Fowler's solution, in alkaline infusion of calumba, three times daily.

In one week she came to say that cough and spitting had ceased, as had also the sickness; and she was soon well. On May 27th, 1867, I saw her in perfect health.

The quantity of expectorant medicine this patient had taken was remarkable, and I believe that it was the stoppage of this that certainly had something to do with the complete cure that resulted. Where iron is employed as a remedy, the tincture appears a very good preparation, and will go well with a saline such as the muriate of ammonia; or we may give the sulphate of iron with sulphate of magnesia in mint-water. As it is often desirable to maintain the action of the iron in small doses for some time, it is best not to give any form of ether with it, for this will cause dryness of the mouth, and render the patient averse to the continuance of the remedy. In the case of a man aged sixty-three, with bronchitic emphysema, and whose father died of asthma, the sulphate of iron given as above soon enabled him to lie down at night, stopped his cough, and in fact cured him, with the sole addition of five grains of compound squill pill every night for a week.

I could from my notes multiply instances to show the good that tonics, and the abolition of all expectorants and sedatives, will do in bronchitic asthma and emphysema when in the confirmed and chronic state, but feel I must not trespass further on valuable space. I may just add that a nutritious but not bulky diet, with moderate allowance of alcohol, is an important adjunct to the medicinal treatment.

Welbeck-street, Nov. 1st, 1869.

CASE OF INTUSSUSCEPTION TREATED BY INFLATION AND DISTENSIVE ENEMA; RECOVERY; REMARKS.

By GEORGE EASTES, M.B., F.R.C.S.

On the 21st of April, 1869, at 11.15 A.M., I visited Miss A. B——, hitherto a healthy active girl, though pale and spare, aged eleven years, who for two days had had pain at the right side of the pelvis. She had not vomited. The bowels had been naturally relieved once daily during the last three days. No urine had passed since 6 P.M. the preceding day. I found her in bed, complaining of the above-mentioned pain. When the pelvis was firmly fixed by my hands, motion of either thigh was painless. In the hypogastric region was an elastic intra-abdominal tumour, reaching from the pubes nearly to the umbilicus, and extending upon either side of the median line for nearly two inches—evidently the distended bladder. The abdomen was elsewhere flat, and resonant upon percussion. At the tumour was dulness, with a little tenderness. Pulse 118, thin, and weak; respiration 26; temperature 98°. Thus, although the pulse and respiration were accelerated, there was no feverishness. Stating that the urine was retained, I advised a warm hip-bath.—1.40 P.M.: The bladder was emptied in the bath, and the anterior surface of the abdomen was now concave. On passing a sound, I could detect no stone; but, with the catheter, drew off about an ounce and a half of urine of natural appearance. Pain and tenderness gone. Pulse 86. In the left submaxillary region patches of skin are reddened. Tongue pale, not furred. The patient is to remain in bed all day; to have plain diet without beer; and a dose of potash and henbane mixture every four hours. —9.30 P.M.: Patches of erythema fugax have appeared on the face, trunk, and limbs. Ordered the following mixture: Sulphate of magnesia, half an ounce; carbonate of magnesia, forty grains; compound tincture of cardamoms, two drachms; syrup of ginger, half an ounce; peppermint water to four ounces: half an ounce every four hours.

April 22nd.—11 A.M.: Erythema not lessened. She has passed urine frequently, and has no uneasiness at the pelvis. Pulse 86. Two doses of mixture have been taken; bowels not relieved. To remain in bed all day, and continue magnesia mixture.

23rd.—10.30 A.M.: Erythema vanishing; pulse 84; tongue pale; micturition natural. The bowels having been plentifully opened four times, I directed the mixture, of which five doses in all had been swallowed, to be discontinued.

24th.—11.30 A.M.: Four or five loose motions were passed during the latter half of yesterday, and she was faint and unable to support herself when attempting to sit up after dinner. Her appetite is poor; abdominal pain ceased; pulse 86; erythema invisible. To take three times a day a tablespoonful of tonic mixture of acid and chinchona.

25th.—1 P.M.: She was again very faint whilst sitting yesterday afternoon. Went to stool five times during the day, and in the evening vomited once after a meal. Shortly afterwards a sudden violent spasmodic abdominal pain began, which caused her to utter a little scream and faint. The pain has since recurred in paroxysms, separated by intervals of almost perfect ease, lasting about thirty minutes. Has not vomited again, and her stomach has retained milk, tea, &c. There have been frequent calls to and straining at stool—as many as four since 7 A.M. Being shown what passed on the last occasion (mixed with a little urine), as an average specimen of the other motions, I found it measure about two ounces, being of ordinary fæcal colour, soft and diffluent. No blood, her mother is perfectly assured, has come from her. The abdomen is tender. There is dulness upon percussion, with firm resistance to pressure, over the right iliac fossa, as far as to the median line above the pubes, and nearly to the level of the umbili-

cus above. Abdomen elsewhere resonant. Pulse 126, bounding, full. I ordered hot flannels to the abdomen; perfect rest in the recumbent posture; the bed-pan to be always used rather than the night-stool; a pillow to be placed beneath the girl's knees, so as to permit relaxation of the muscles of the abdominal wall; and only milk (as much as two pints in the day) for food. Also to take half an ounce of the following mixture every four hours: two scruples of compound chalk powder with opium, two drachms of compound tincture of cardamoms, a drachm of spirit of chloroform, and four ounces of water.—8.30 P.M.: She has vomited one of two doses as yet taken. Bowels not again opened. Urine dark-coloured, and containing a sediment of urates. Pulse 126; respiration 33; temperature 101·4°. Belly more tender. I discovered now a distinct tumour in the right iliac region, which occupied much the position of the cæcum, except that it extended a little to the left of the middle line just above the pubes, and reached upwards quite to the level of the umbilicus over the region of the ascending colon.

26th.—8.30 A.M.: The patient has passed a sleepless night, vomiting everything. Pulse 126, full, not wiry (as in peritonitis); respiration 26; temperature 101·3°. Bowels not opened; a very little urine passed, containing thick lateritious sediment. Pain paroxysmal; abdomen more swollen and tympanitic, except over the region of the tumour, and too tender to allow of prolonged manipulation. This general tympanitic tumefaction, apart from the tumour, is clearly produced by swelling of the small intestines; for it is most prominent around and below the umbilicus, whilst over the colon there is no enlargement. I now surmised (for reasons hereafter stated) that probably the case was one of ileo-cæcal intussusception.—9.50 A.M.: Dr. Habershon, being summoned in consultation, confirmed the diagnosis; and, when the overlying abdominal muscles were relaxed by flexion of the right thigh, could distinguish that the tumour was of somewhat cylindrical shape, immovable, and of firm consistence. He ordered the following medicine: Spirit of chloroform, a drachm and a half; solution of hydrochlorate of morphia, one drachm; syrup of lemons, three drachms; to four ounces of water: half an ounce to be taken every three hours. I proposed to him to inflate the colon with air. Dr. Habershon wished the morphia to be first fully tried, but thought that if no benefit had occurred in twelve hours' time inflation might be employed.—6.30 P.M.: Pulse 108; pupils somewhat contracted. There is scarcely any abatement of the urgent symptoms, although the mixture has been retained upon the stomach.—9.30 P.M.: Accompanied by my friend Dr. Easton, I proceeded to inflate per rectum. The patient, disliking chloroform, consented to brave the operation without it. I then slowly pumped-in air until the abdomen over the colon was tensely swollen, when the patient almost swooned from pain, and Dr. Easton and myself deemed it prudent to desist. The backward pressure from the bowel of the air in the instrument was, in fact, so great as to lift the piston upon the removal of my hand. Medicine to be continued, and cold milk taken during night.

27th.—8.30 A.M.: Pulse 116; respiration 23; temperature 101·3°. All the symptoms of obstruction remain; the vomited matters have a foul smell. Pupils a little contracted; patient feeble. She dozed during the night, but was awoke by paroxysms of pain. Tongue loaded with white creamy fur; thirst great, but everything swallowed is at once rejected.—2.30 P.M.: No relief having been obtained, I gradually injected, per rectum, about forty-five ounces of lukewarm water, by means of an ordinary enema syringe, so that full distension is produced. The water, gurgling in the bowel, is traceable in the descending colon to the tumour, which I manipulated as much as the patient could endure, hoping that thereby the water might the more readily restore the patency of the canal. I kept the intestine thus distended for about fifteen minutes, but did not experience the sudden want of resistance to the hand holding the piston which is said to denote return of the intussusception. Just before withdrawal of the tube I allowed about a pint and a half of water, that escaped almost colourless, to run away.—9.40 P.M.: Some change for the better has ensued. Pulse 102; respiration 22; temperature 100·8°. She has vomited twice, the vomit consisting only of milk or other material just placed in the stomach. Pain decidedly less. To continue the same medicinal and dietetic treatment.

28th.—9.50 A.M.: She vomited once only during the night, when some beef-tea was given. Pulse 88; respiration 22; temperature 97·6°. Pain no longer paroxysmal; abdomen less distended, more supple; the region over which exists dulness upon percussion not diminished; tongue cleaning at edges. She is much inclined to sleep. To take a dose of the morphia mixture every four hours only.

From this point progress to recovery was uninterrupted. She never vomited again.

29th.—Air begins to pass per rectum. Pulse 88; temperature 98·2°.

May 2nd.—Bowels not yet opened, and none of the twelve to eighteen ounces of water which remained in the colon after the withdrawal of the enema-pipe on April 27th has escaped. Being anxious to discover if fæces had passed down to the rectum, I introduced my finger, and found hard scybalous masses distending the bowel.

3rd.—The patient has strained much three or four times to empty the rectum, but the lumps seem too hard and bulky to pass the sphincter. I therefore administered an enema of about ten ounces of lukewarm water. An hour afterwards the bowels were copiously relieved. The motion, contrary to my express injunctions, was thrown away by mistake, but the mother reported that no blood was detectible therein, nor any indigestible material that might have caused the obstruction.

At this time the swelling above the right groin was daily decreasing, though all traces thereof were not lost until May 6th. Dr. Habershon, to whom I communicated this fact, deemed the continuance of the swelling for these eight or nine days (after release of the intussusception) to be due to inflammatory thickening of the mesentery, peritoneum, and coats of the bowel, which necessarily could not return to the natural condition immediately that the invagination ceased. The intestine, at the seat of lesion, was probably also paralysed for a few days—a condition favourable to detention of ingesta at the spot.

During the whole period of recovery no purgative was allowed; fluid diet (milk especially, in regulated quantities) was given for several days; the morphia mixture, though in daily diminished doses, was continued until May 4th; and all other means were for some time adopted, in order to give the intestine "therapeutical rest."

(To be concluded.)

CASE OF CYST WITHIN THE EYE.

By C. K. FISKE, Esq.

THE following account of a cyst within the eye, of very unusual occurrence, will be of interest to the readers of THE LANCET.

Mr. E. P——, of Hillsboro', County of Albert, N.B., aged forty-six, called on me in the winter of 1862-3 for advice in regard to his left eye, which had been irritable and painful for several weeks, and was fast becoming blind. On hastily examining the eye, I at once discovered what I thought to be the lens dislocated, and lying in the anterior chamber directly in front of the pupil, nearly covering that aperture, leaving a crescent-shaped portion of it open in the upper part, through which there was imperfect vision. I immediately told my patient that the lens was dislocated, when he informed me that he had that day consulted Dr. Tyrrell (son of the late ophthalmic surgeon of that name), who gave the same opinion. At a later hour in the day the patient called for a more careful examination of the case, when I found the crystalline lens quite healthy, and in its natural position. The expansion of the pupil under the influence of atropia enabled the patient to see distinctly enough to read fine print at the same focal distance as with the right eye, and I found the object in the anterior chamber to be a cyst attached to the lower ciliary margin of the iris. It being a rather anomalous case, I proposed a consultation with Dr. Tyrrell, which was readily granted, and he agreed with me in my diagnosis. We then decided to remove as much of the cyst from the eye as practicable through a small opening in the cornea, and accordingly Dr. Tyrrell made a slight cut with a cataract-knife, and with a small

hook drew out some shreds of the cyst, and cut them off with scissors. The wound healed in a day or two, and the eye assumed a natural and healthy appearance, with good vision.

On further inquiry into the history of the case, I learned that forty years previously, when a boy six years of age, the patient had received a wound precisely in the locality of the attachment of the cyst with a sharp-pointed dart whilst at play, which caused much irritation for several days, after which there was no more trouble with the eye till forty years later, and a few weeks before seeking my advice.

On the 20th of the following May the patient was in town again with the cyst refilled, the eye irritable, and sight obscured. The semi-transparent body in the anterior chamber had very much the appearance of a hydatid, with its proboscis turned downwards, with the exception of being attached to the old cicatrix of the wound, while the proboscis of a living cysticercus is so placed by gravitation. At this time I contented myself with only puncturing the cyst with a cataract needle, and allowing it to collapse, when the eye assumed its natural appearance, and the pain and intolerance of light passed off. The eye remained comfortable till the following September, when the cyst again filled up, giving pain and indistinct vision as before.

On the 3rd of September I removed the whole of the cyst through a small puncture in the cornea by means of a minute canula forceps. This gave great relief, and promised to be more effectual than anything done before; and, in fact, there was but little trouble with the eye till three years later, Sept. 1866, when it again became very painful. Puncture of the cornea and cyst gave relief, but for a few days at a time.

There came on great pain in the eye and brow, and in the latter part of October the iris and lower portion of the cornea became involved with what had been the base of the cyst, and vision was quite extinct; the patient also had lost much flesh, and had not been able to attend to business. I then advised excision of that portion of the eye diseased; in fact, the whole of the cornea, iris, and lens.

In a few weeks the patient returned in great distress, determined to submit to excision of the whole eye, if necessary, rather than suffer longer.

On the 24th November I placed him under the influence of chloroform, and removed nearly the anterior third of the globe, with great relief to the patient; and in a few weeks he was able to attend to business with comfort, having gained thirty pounds of flesh in the mean time. In the following spring he was fitted with an artificial eye, and his health remains good at the present date.

This case seems analogous to one reported by Mr. James Dixon, F.R.C.S., and first seen and treated by Mr. Dalrymple, which was frequently under surgical treatment from 1846 till June 1856, and may have required further treatment subsequently. Both were caused by punctured wounds near the junction of the cornea and sclerotica, penetrating to the ciliary margin of the iris; and both became troublesome after many years of rest. The morbid action in one case was set up forty years after the receipt of the wound, and in the other case twelve years. In both the cornea remained remarkably transparent through much pain and irritation and many operations for evacuating the cyst. Mr. Dixon speaks of his case as unlike anything he had met with in his practice, or seen recorded as occurring in that of others.

St. John, New Brunswick, Aug. 1869.

ON A CASE OF
INDUCTION OF PREMATURE LABOUR.

By LEWIS C. NANNEY,
ASSISTANT-SURGEON, H.M.'S MADRAS ARMY.

IT is not necessary for me, as a matter of course, to enter into details regarding the importance of obstetric operations in general, as we already know the dangers to which both mother and child are subjected during these operations, and at the same time the immense risk we incur by not acting promptly when interference is necessary—i.e., that nature, if left to herself, will not perform what we require of her.

The following case will, I trust, prove interesting, as the treatment adopted was attended with the most marked success.

Mrs. ——, aged thirty, a small woman, of an anæmic appearance, consulted me immediately on my arrival at this station. The history of the case is as follows:—Mrs. —— has had two children, and on both occasions craniotomy was performed. She has resided for about eighteen years in India, and, of course, her general health has suffered considerably from the enervating nature of the climate. The early stage of her two former labours appeared to go on satisfactorily enough for a short time, but uterine contractions became feeble after a few hours, and at last entirely ceased, whilst the head was completely above the brim of the pelvis. Symptoms of prostration rapidly supervened, and, after waiting for twenty-four hours, it was considered by the medical officers attending her that further delay might prove serious. Craniotomy was performed. She had an attack of phlegmasia dolens after each labour.

She consulted me when she had completed her sixth month. My first object was to improve her general health, which had become much impaired during a long and tedious march in the rainy season. I recommended regular exercise, stimulants, good generous diet, combined with iron and quinine. Taking into consideration the history of her two former labours, and the risk I should incur by allowing the patient to go on to full time, I decided at once upon inducing premature labour at the end of the seventh month, and considered myself perfectly justified in doing so; for the patient herself was particularly anxious to have a living child, and the risk of inducing premature labour at the end of the seventh month would not be attended with so much danger to the patient as the performance (in all probability) of an operation for the third time, in addition to saving the life of the child—at any rate, of giving it a much better chance.

On the morning of the 2nd of October I commenced the operation for the induction of premature labour (the patient having completed her seventh month) by introducing a small sponge tent, and retaining it in its position by a plug in the vagina. This was removed every six hours, and plugs of larger sizes introduced, tepid water being thrown up the vagina occasionally, for the purpose of enlarging the sponge. This plan of treatment was pursued for three days, and dilatation gradually began to take place.

On the morning of the 5th inst., the strength of the patient having somewhat diminished, I decided on puncturing the membranes, which I had delayed resorting to in order to afford as much protection as possible to the child. They were easily reached with the finger, and an unusually large quantity of liquor amnii made its escape. The os uteri was then dilated to about the size of a florin. I administered thirty-minim doses of liquid extract of ergot of rye every quarter of an hour for the space of one hour. Pains commenced, and continued at intervals until 7 P.M., when they gradually began to diminish. Every effort on my part was made to keep up the strength of the patient; strong chicken broth and Madeira were given three or four times during the day. At 8 P.M., her pulse, which was naturally quick, rapidly increased in frequency, but diminished in fulness and strength. The head of the child was then entering the cavity of the pelvis, and the pains being inadequate, I decided upon terminating the labour with as little delay as possible. A small quantity of chloroform was administered, the forceps applied, and in a few minutes I succeeded in bringing into the world a living child. The antero-posterior diameter of the pelvis was contracted in size, so that a child of seven months passed with considerable difficulty. What would then have been the result had I allowed the patient, as on previous occasions, to go on to the end of her full time?

I omitted to mention that, during her first labour, rupture of the perinæum took place, followed by sloughing. There was no after-hæmorrhage. The placenta came away without any difficulty.

This is the fifth day since delivery, and mother and child are both doing well.

Hingolee, East Indies, Oct. 9th, 1869.

FROM the "Norwich Argus" we learn that Dr. John T. Skrimshire, of Holt, has received the handsome present of a silver cream-jug from "62 poor and grateful patients of Holt and Letheringsett."

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

LATERAL DEVIATION OF THE EYES IN CASES OF HEMIPLEGIA.

(Remarks by Dr. HUGHLINGS JACKSON.)

DEVIATION of both eyes from the side of the body paralysed is a symptom which has been remarked in recent cases of hemiplegia by several observers,—Gull, Vulpian, Prévost, Humphry, Lockhart Clarke, Hutchinson, Broadbent, Russell Reynolds, and Hughlings Jackson. This curious symptom occurs occasionally with extensive cerebral hæmorrhage, whether this be on the surface, or within the substance of the cerebral hemisphere. Dr. Hughlings Jackson has observed it in two cases of hemiplegia presumably the result of embolism, but in neither case was an autopsy obtained. Sometimes the head is turned in the same direction as the two eyes. It may last a few days or a few hours, but invariably passes off before other parts of the paralysed regions recover. It must be carefully observed, too, that when there is continuous rigidity along with, or perhaps we should say instead of, hemiplegia, the eyes and head may turn to the side of the body affected by such rigidity or spasm; and if there be *occasional* spasm over and above the continued rigidity, the eyes and head turn still further in that direction. These two symptoms, the deviation of the head and of the two eyes, are of great physiological interest. M. Prévost thinks they imply rudimentary "rotation." They are of great value, also, in helping us to complete the parallel there seems to be betwixt hemiplegia from destruction of the corpus striatum, and hemispasm and hemichorea from instability of the cerebral region of which the corpus striatum forms part. Although the movement of turning the eyes to one side seems to be the only ocular movement lost when the corpus striatum is destroyed, the complementary study of hemispasm shows that other, probably all, ocular movements are represented in the corpus striatum. The ocular movement lost in hemiplegia is the one which is most largely represented of these movements. It suffers most in hemiplegia, just as the arm suffers more than the leg. When, however, a convulsion affects first one side of the body and then the other, we see two lateral deviations, and betwixt these, as the spasm is passing from one side of the body to the other, several conjugate deviations, showing discharge of processes for movements other than lateral of the two eyes. In hemiplegia, as we usually see it, there are no ocular symptoms. It is only when the damage to the brain is sudden and extensive that the deviation of the head and two eyes is observed. But a careful study of the phenomena of hemispasm shows, Dr. Hughlings Jackson thinks, that the cerebral hemisphere contains processes for movements of the unilateral, the alternate, and the bilateral movements of the whole body.

UNIVERSITY COLLEGE HOSPITAL.

OPERATIONS BY MR. MARSHALL.

1. *Amputation of the Leg.*—On the 4th inst. amputation at the lower third of the leg was performed on a man whose foot and ankle had been much damaged through the inflammatory processes following a severe crushing injury. There was great loss of integument, especially over the outer malleolus, and extensive sloughing, which had involved the ankle-joint and caused softening and detachment of the articular cartilages. The operation was one of much interest, in consequence of a further modification in a plan of dealing with stumps, which, though frequently practised by Mr. Marshall, has not, we believe, been hitherto tried by other surgeons. The two flaps were lateral and rectangular, of equal dimensions, and of large size, as they extended for some distance in front of the ends of the bones. After the arteries had been closed by torsion and the edges of the wound approximated after the usual manner by interrupted sutures, two strong wire sutures were passed deeply through the substance of both flaps close to the ends of the bones, so as to bring together and maintain closely in contact the inner muscular surfaces of the stump. It had previously been Mr. Marshall's usual practice to supplement these deep sutures by two well-padded wooden splints, which were applied over the flaps; but on this occasion these appliances were replaced by two long strips of bandage well saturated with a paste of plaster-of-Paris. This change was instituted for the purpose of obviating the disturbance of the flaps through a displacement of the wooden splints which is rendered necessary for the removal of the deep sutures on the third or fourth day after amputation. The wire sutures can be readily withdrawn through the plaster splints without necessitating any movement of the apparatus covering the stump. No sponges were used during the operation, and after the stump had been secured the wound was covered by lint dusted with creasote powder.

Mr. Marshall, in some remarks made after the operation, stated that this plan of treating stumps was proposed as a more effectual means than the old method of bandaging for keeping their muscular surfaces at rest and in close contact with each other; and also for preventing collections of blood, pus, and other irritant fluids between the flaps. In many stumps, after speedy union has taken place between the edges of the external wound, recovery is frequently retarded in consequence of a deep-seated accumulation, which must find its way to the surface sooner or later. The stump resulting from this plan of amputation seems at first large and unsightly, as the redundant flaps form a fin-like appendage. This, however, by the subsequent relaxation and partial absorption of the soft structures of the stump, becomes much reduced in size, and ultimately constitutes a firm and useful extremity. The deep sutures have been applied by Mr. Marshall in several cases of amputation; and there will, doubtless, be ere long a sufficient record of cases for enabling surgeons to judge of the utility of a plan of treatment which seems to be well adapted to lessen the time of healing of a stump, and, consequently, to prevent erysipelas, pyæmia, hectic, burrowing of pus, necrosis, and all the general and local complications which result when a stump does not heal favourably.

2. *Plastic operation for Chronic Ulcer.*—The subject of this case was a young and healthy agricultural labourer, who, some few months before his admission into University College Hospital, had received a severe injury to the soft structures about the left knee. This was followed by extensive sloughing of the integument, and the formation of a large granulating surface over the front of the leg and the popliteal space, which had cicatrised favourably over a great part of its extent, but left a long and narrow ulcer extending across the posterior surface of the knee-joint. This, in consequence of the retraction of the surrounding cicatrised tissue, and of the frequent action of the hamstring tendons situated immediately under its base, could not be made to close, and the man was sent to Mr. Marshall under the supposition that amputation would be required. The limb was kept at perfect rest and in the extended position for about five weeks; but as this treatment had very slight effect upon the size of the ulcer, Mr. Marshall decided upon performing the following operation, in order to give the patient a chance of retaining a useful limb:—The edges of the ulcer having been pared, a long flap of integument was transplanted from the thigh, the lower third and the pedicle being formed from the outer surface of the thigh, and the upper two-thirds and apex from the posterior surface. This flap was then applied over the surface of the ulcer, and fixed there by four wire sutures. The wound formed by the removal of the flap was very large, in consequence of the retraction of the skin and subcutaneous soft parts. Its edges were brought together by needles and twisted sutures. Mr.

Marshall stated that in operations for transplanting it was necessary to cut out a flap much larger than the raw surface to be covered, to make the pedicle wide, and to avoid twisting of this part, for fear of reducing the amount of vascular supply. The edges of the flap were attached by as few sutures as were necessary, so as to avoid tension upon any part of the transplanted skin. As another precaution to ensure vitality of the flap, the only application to the back of the knee after the operation consisted in a layer of soft cotton-wool.

3. *Removal of Fatty Tumour.*—Mr. Marshall, in some remarks made after the excision of a small fatty tumour from the side of a young woman, stated that the operation was required for the relief of the pain which is occasionally caused by this form of morbid growth, probably through inclusion of some nerve-fibres in its substance. With fatty tumours situated under soft elastic integument, as that upon the front and sides of the chest and in the axilla, transfixing the subjacent tissues with a knife, forcible removal of the growth with the fingers, and complete occlusion of the wound by twisted sutures and firm pressure upon the surrounding skin, generally result in a rapid healing by first intention, and often without the secretion of a single drop of pus.

ROYAL FREE HOSPITAL.

SEVERAL cases of surgical interest were placed upon the operation-table at this hospital on Saturday, October 30th; and the proceedings on that occasion may be worthy of notice.

1. Mr. Gant excised the knee-joint in a boy ten years of age who had been affected with strumous disease for upwards of seven years. This had terminated in flexion of the limb, and partial dislocation and rotation of the tibia backwards and outwards on the condyles of the femur. The case was one well adapted for operation, as the erosion of the articular surfaces afterwards testified. For years the patient had submitted to surgical treatment in the usual routine of long-continued rest, local applications, and mechanical apparatus, with but temporary benefit.

2. Mr. John D. Hill excised the knee-joint in a little girl aged eight years (the subject of strumous disease of about two years' duration), in which the constitution was giving way under continued pain, loss of rest, and purulent discharge from the joint. In this case the knee was flexed at an acute angle, and the bones were partially dislocated and rotated outwards and backwards. A sinus communicated with the upper and outer part of the joint, and there was pain and puffiness over the articular cartilages. The pulpiform condition of the synovial membrane and ligaments, and the erosion of the articular surfaces (as shown afterwards), justified the operation; but, further, it is well to remark that the patient had been continuously under surgical treatment, and during the last twelve months had uninterruptedly worn a mechanical support from heel to hip.

3. Mr. Gant exhibited a patient, aged twenty-seven, in whom he had excised the knee three months previously for chronic synovitis, proceeding to ulceration of cartilages and disorganisation of the joint. Good bony union was found, and the case augurs a most favourable issue.

4. Mr. Hill divided subcutaneously the straight tendon of the rectus femoris, the origin of the sartorius, and the tendo Achillis, in a lad aged twelve, who some years previously had injured the epiphyses of the right knee and hip, and the peroneal nerve, so that arrest of development, partial paralysis of the anterior tibial and peroneal muscles, and dislocation and rotation (outwards) of the tibia had occurred. The rectus was displaced to the outer aspect of the thigh, and tightly drawn over it, and there was general atrophy and diminution of the temperature of the limb. The object of the operation was to bring the contracted muscles to the length of their opponents, previous to the use of a mechanical support.

5. Mr. Gant showed a female patient, aged thirty, in whom resection of the elbow had been performed for disease of the joint, about four months previously. The patient had good use of the arm, having uninterruptedly made a satisfactory recovery.

6. Mr. Hill performed a plastic operation on a man, aged thirty-six, who for nineteen years had been the subject of a traumatic stricture of the spongy and bulbous parts of the urethra, which had been followed, amongst other complications, by extravasation of urine, and extensive sloughing of the urethra in front of the scrotum. The operation was much after the fashion of Mr. Wood's proceeding for the cure of epispadias, flaps of skin being dissected from the surrounding scrotum, reflected, and their edges inverted, and closed with a Glover's suture. The gap left was then filled in by stretching the surrounding elastic scrotum over the raw surface, and the operation was completed by stitching this to the free margin of the skin with a continuous suture. The stricture Mr. Hill had previously dilated with Holt's instrument, and a perineal fistula had been enlarged to admit a No. 12 gum-elastic catheter into the bladder, so as to provide for the escape of urine until the plastic operation should prove successful.

MERCER'S HOSPITAL, DUBLIN.

SEVERE WOUND OF THE THROAT IN AN AGED WOMAN; VIOLENT TRAUMATIC DELIRIUM; RECOVERY.

(Under the care of Mr. LEDWICH.)

FOR the notes of the following case we are indebted to Mr. W. Price Sullivan.

S. C——, a married woman, aged seventy-one, was admitted into the hospital on the morning of Friday, the 24th September, suffering from a deep incised wound of the neck, three inches and a half in extent transversely, and with great gaping of its edges, the incision being about a quarter of an inch above the hyoid bone. This wound was inflicted by herself with a razor, in a fit of temporary jealousy. The instrument had divided the anterior belly of the digastric, mylo-hyoid, genio-hyoid, hyo-glossus, and some fibres of the genio-hyo-glossus; had cut through the base of the tongue, and exposed the pharynx; but the lingual arteries were uninjured, while their hyoidean branches were both wounded. When brought to the hospital the woman was in a state of collapse, as well from the hæmorrhage, which had been rather profuse, as from the shock; but after swallowing a few teaspoonfuls of brandy and egg mixture she gradually revived. The patient was immediately put into bed, and hot jars were ordered to be applied to her feet, &c. Mr. Ledwich was at once sent for. On his arriving a few minutes afterwards, the wound was exposed, and the bleeding vessels ligatured by Mr. Sullivan. The wound having been then cleared and dried, two points of silk suture were applied, in order to approximate its edges, while, to relieve the tension of the surrounding parts, fenestrated strapping was applied, to allow of the escape of any secretion that was certain to ensue; a few turns of a roller were then adjusted around the head, and from this descended a bandage on either side to another bandage embracing the chest beneath the armpits, to which it was fastened, in order to keep the head bent forward, while a second roller, passed across the forehead and secured to the bed at either side, kept the part securely fixed as she lay in a recumbent posture. As the act of deglutition was rendered almost impossible, the attempt being always followed by a trickling of the fluid through the wound, a stimulating and nutritious enema was at once administered, with directions to continue the same throughout the day.

A small quantity of beef-tea was taken by the mouth on the following day; the pulse weak and very rapid; the tongue hard and brown. She lay quite prostrate and motionless, and her breathing almost imperceptible; and in this condition she continued until Sunday morning, when favourable symptoms at length set in. She was able to speak rationally, and to account for the occurrence of the injury; and yet Mr. Ledwich then, and for some time after, had no hope of her recovery, in consequence of her advanced period of life and the severity of the shock. On that evening she enjoyed a short sleep, and awoke apparently quite refreshed, drank some beef-tea, and passed the remainder of the night well.

On Monday morning she appeared to Mr. Sullivan to have got over the crisis, as she asked for milk instead of beef-tea; of this she partook very freely during the day, and towards the evening, when the nurse was away, loosened the bandage which confined her head, and turned from her back to her right side without producing any appearance of

secondary hæmorrhage. She passed a bad night, being greatly disturbed in her mind, and refused to take any kind of nourishment. As she appeared inclined to tamper with the dressings of the neck, it was thought advisable to tie her hands, which, however, she contrived to loosen before the morning.

On Tuesday, the fourth day of treatment, the dressings were removed for the first time, when it was surprising to notice the extent to which the wound had closed: there was no appearance whatever of inflammation or sloughing; considerable adhesions had taken place, and granulations had been busy at the bottom, lessening its depth visibly, and cutting off communication, as was believed, between it and the pharynx. The part was again dressed, but the sutures were not removed. During the day she was able to eat a chop, and was in much better spirits. As night approached, however, the depression of mind returned, and she refused to take nutriment. It was now evident that traumatic delirium of an irritative form had set in, and it was with some difficulty that, at a late hour of the night, she was induced to lie down. She remained awake and was restless almost the entire night.

On Wednesday morning she was evidently worse from loss of sleep and sheer exhaustion, and Mr. Ledwich ordered an opiate to be administered at night in the event of her remaining sleepless. At a late hour of the night she was found perfectly delirious. She was then made to take, in successive portions, half a drachm of the solution of hydrochlorate of morphia, and this measure was almost immediately followed by sleep. The soothing effect which this produced was marvellous, as on waking, at eight o'clock in the morning, the delirium had totally subsided, and she was evidently much refreshed, and perfectly sensible. From that hour the local and constitutional repair was beyond expectation, the wound was dressed daily, and progressed rapidly to a favourable termination, the last suture coming away on Sunday, October 17th. She was gradually able to be out of bed, and take exercise in the ward, and in this state she continued until she left the hospital, perfectly restored, on Saturday, October 23rd, being the twenty-ninth day from her admission.

The principal points of interest in the case are the following: The extreme age of the patient, while recoveries from such a shock are very rare; the occurrence of the traumatic delirium, and its rapid subsidence under the influence of morphia; the fact of the edges of the wound having been drawn closely together, and with so few stitches; the patient kept in a horizontal position; and the avoidance of any fistulous opening.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, NOV. 2ND, 1869.

DR. QUAIN, PRESIDENT, IN THE CHAIR.

MR. FAIRLIE CLARKE brought forward a boy, aged twelve, who had met with an extensive compound comminuted fracture of the right parietal and frontal bones, with laceration of the brain and loss of brain-substance. The accident occurred on the 19th August. Two portions of bone, each the size of a penny, were removed; and a lacerated wound was found extending deeply into the anterior convolutions. From this wound the substance of the brain exuded, and in the course of a few days a hernia cerebri, as large as the fist, was formed. The early symptoms were those of shock and compression, but in twenty-four hours the boy began to recover sensibility, and from that time forward continued to amend. By the careful use of compresses and bandages the hernia was reduced, and the gap in the skull rapidly healed over. Mr. Fairlie Clarke drew attention to the interesting physiological fact that the anterior convolutions of the brain can be so much injured without producing any apparent effect upon the intellect, the power of speech, or the special senses.

DR. ROBINSON referred to several cases reported as having occurred in the Peninsular War, and in which there were no marked cerebral symptoms.

MR. HULKE stated that a case of the kind was admitted last year into the Middlesex Hospital, and did well, without impairment of the mental faculties. He had met with another case several years ago.

DR. ANDREW exhibited a specimen of Malignant Tumour of the Cerebellum secondary to cancer of the mamma. The leading symptoms were violent headache, chiefly occipital, and uncontrollable vomiting, not accounted for by any gastric disturbance.

DR. ANDREW also brought forward another specimen of disease of the brain from a man aged thirty-two, who was attacked by vomiting, headache, and giddiness, with slight intolerance of light and inability to walk well. The man had had a discharge from the ear for ten years. At the post-mortem there was found projecting from the side of the medulla a membranous mass connected with the fourth ventricle.

DR. ANDREW showed a third specimen—a Tumour of the Pons; the symptoms were wasting of the muscles of one side, with want of control over them. The tongue, when protruded, deviated to the left. Some of the muscles of the eye were paralysed, and the pupil was fixed. The veins in the optic disc were distended, and the arteries indistinctly seen.

MR. MARSH sent round the room a specimen of a large Polypus of the Pharynx, removed from a child nine years of age, through the mouth. It sprang from a spot very high up in the pharynx.

MR. COUPER presented a specimen of a Stricture of the Rectum, which led during the life of the patient to the operation of colotomy. The patient died thirty-six hours after it was performed. The stricture was one of the after-effects of abscess of the ovary. Pus was detected burrowing about and into the rectum and the vagina. Ulceration had taken place in the rectum, and stricture had followed.

DR. PAYNE exhibited a specimen in which a pin lodged in the appendix vermiformis, and was covered with a certain amount of incrustation. Inflammatory changes were detected in the appendix, and there was a large abscess in the liver, with smaller ones suggestive of pyæmia. The two conditions, he thought, were related. The symptoms in the case, on admission to hospital, were severe pain in the right side of the abdomen, fever, rapid pulse, and high temperature.

MR. DE MORGAN mentioned an instance in which an abscess formed in the abdominal wall, and contained air, and whence a large pin was pulled. The patient was never able to comprehend how the pin got into his belly.

DR. DICKINSON related a case in which a pin was passed per rectum. He believed that the so-called cherry-stones that collect in the appendix are really fæcal concretions.

MR. HULKE said a man came to him some time ago with a severe pain in his anus. On examining him, a needle and thread was extracted through the anal speculum. The man, a day or two before, had tossed off a pot of beer, and he found something scratch his throat, and that was no doubt the needle.

DR. MURCHISON was sure that in many cases the nucleus of the collections in the appendix was really a foreign body.

DR. DICKINSON allowed that in these concretions he had found minute hairs. What he meant was that they were in the mass fæcal material.

MR. JABEZ HOGG mentioned that Mr. Hancock, in a case of the kind, had "diagnosed" the presence of a cherry-stone in the appendix, and had cut down upon and removed it.

MR. ARNOTT, when at University College, was in charge of a case where a large number of cherry-stones were collected in the cæcum, and by palpation their rattling together could be made to produce a noise.

MR. MAUNDER exhibited a limb affected by Myeloid Disease, removed from a young girl aged twenty-eight, who had suffered for five years with disease of the knee. The tumour was twenty-eight inches in circumference at the knee.

MR. T. SMITH showed a Congenital Fatty Tumour, simulating spina bifida, removed from a child aged four months. The tumour, when the child was born, was the size of a hen's egg; now it was as large as a fœtal head. There was no paralysis, and no cerebral disease. The tumour was tapped, and found to be solid; and it was removed at once.

MR. T. SMITH also exhibited an unusual form of Spina

Bifida, having the appearance of a cystic growth. There was no distension with crying. The tumour was tapped, and fluid came away; but one portion remained unchanged, and the child died with symptoms of spinal meningitis. The tumour consisted of two cysts: the one in front communicated with the subarachnoid space; the larger and posterior cyst, with the arachnoid cavity—as we understood.

DR. CAYLEY showed a LARYNX blocked up by tenacious mucus, from a case of sudden death, in a bronchitic subject. Some small pieces of tobacco got into the larynx, for they were found in the mucus. Dr. Cayley supposed that they produced spasm of the bronchial tubes as the first stage in the fatal issue.

Reviews and Notices of Books.

A Text-book of Practical Medicine, with particular reference to Physiology and Pathological Anatomy. By Dr. FELIX VON NIEMEYER, Professor of Pathology and Therapeutics, Director of the Medical Clinic of the University of Tübingen. Translated from the Seventh German Edition, by GEORGE H. HUMPHREYS, M.D., and CHARLES E. HACKLEY, M.D. New York: D. Appleton and Co. London: Trübner and Co. 1869.

THIS is a translation of the seventh edition of a work well known on the Continent, and in Germany especially. The author in his preface adverts to the changes and the progress which have taken place since the first appearance of his text-book ten years ago, and refers to the rich accession of knowledge which clinical medicine owes to investigations made, not only in her own province, but in the province of physiology, pathological anatomy, and physiological and pathological chemistry during that interval. The rapidity with which the earlier editions have been renewed, and the conviction that the true value of many discoveries of supposed importance could be ascertained only by a longer probation, deterred him until now from undertaking a full and thorough revision of his work. The volumes before us represent the outcome of his labours in this respect. Alluding to the error of postponing all medical treatment of disease until our knowledge of the action of medicines, and our insight into pathological processes, should be so far advanced that means of cure would be self-evident, the author repeats the views he advanced ten years before—viz., that it would be idle to hope for a time when a medical prescription should be the simple resultant of a computation of known quantities. The observations which follow on the same subject contain, to our minds, a good deal of common sense. Professor Niemeyer believes in the power of medicines over diseases; and not the least valuable part of his treatise consists in the important place given to therapeutics.

There is no need to say that the Germans are laborious investigators of all branches of science, and that they always aim at studying their subjects *au fond*. If we miss the logical clearness and crispness of expression that characterise the French authors, rendering their philosophical works relatively easy reading, in consequence of the way in which they make their points tell, as it were, no one can doubt that it is to the Germans especially that the present age is indebted for a good deal of its progress in philosophy and science, and for that searching critical spirit which characterises it. In the medical and allied sciences the influence of German views in pathology and biology has been very decided. But the originators of these views—the men who are conspicuous as thinkers and workers—are not the men to compile a big book of this kind, a book which reflects their teaching however, and is strongly imbued with German ideas of pathology, and those of Virchow in particular. It would be impossible, in the compass of a short review, to do more than seize upon a few of the salient points that have struck us in reading this work.

What we strongly object to in treatises of medicine is, that they should only exhibit the authors' erudition, and that a large number of theories and plans of treatment should be superimposed, as it were, one above another, in a chronological or some other order, like so many papers in a pigeon hole, or that conflicting views should be drawn up in opposition, bewildering the student and practitioner without his obtaining any aid from the judgment of the author himself. Now we are bound to say that this work is of a different stamp from this. Its author is learned in medical literature; he has arranged his materials with care and judgment, and he has thought over them, and ofttimes arrived at conclusions which are his own. They contain a good deal which will be comparatively new to English students who do not read German.

We will begin by opening a page almost at random. Bronchial Hæmorrhage is the subject. The author is opposing Laennec's erroneous hypothesis, as he thinks it—viz., that consumption of the lungs always arises from tubercular deposit. Professor Niemeyer says that unbiased and careful observation of patients who, without warning, and often in the midst of exuberant health, have been attacked by pneumorrhagia or hæmoptysis, which has been followed in a few months by a rapid form of fatal phthisis, has taught him that such patients scarcely ever succumb to a pulmonary tuberculosis in its stricter sense, but that they usually die of a form of consumption as yet but little thought of, and of which bronchial hæmorrhage is the immediate cause, Laennec to the contrary notwithstanding. When, after a bronchial hæmorrhage, coagulated blood is retained in air vesicles and bronchi, its irritating effect is quite as great upon surrounding parts as is that of a thrombus or coagulum within a vein upon the vascular tissues. As his opinions regarding the relations between bronchial hæmorrhage and pulmonary consumption differ in many respects from the prevailing views, we may give them:—

"1. Bronchial hæmorrhage occurs oftener than is generally believed in persons who are not consumptive, and who never become so.

"2. Copious bronchial hæmorrhage frequently precedes consumption, there being, however, no relation of cause and effect between the hæmorrhage and the pulmonary disease. Here both events spring from the same cause—from a common predisposition on the part of the patient both to consumption and to bleeding.

"3. Bronchial bleeding may precede the development of consumption as its cause, the hæmorrhage leading to chronic inflammation and destruction of the lung.

"4. Hæmorrhage from the bronchi occurs in the course of established consumption more frequently than it precedes it. It sometimes, although rarely, appears where the disease is as yet latent.

"5. When bronchial hæmorrhage takes place during the course of consumption, it may accelerate the fatal issue of the disease, by causing chronic destructive inflammation."

After describing Hæmorrhagic Infarction of the Lung and Pulmonary Apoplexy, the author proceeds to treat of Inflammation of those organs, which he regards as of three kinds—namely, the croupous, catarrhal, and interstitial forms of pneumonia. In his chapter on Consumption of the Lungs he follows Virchow pretty closely, but we are not quite sure that the Berlin professor would consider that his views have been, in all respects, perfectly and adequately rendered.

Niemeyer lays much emphasis on the importance of a microscopical examination of the sputa, for the detection of the elastic fibres of lung-tissue is a sure sign of phthisis. The author, having followed Virchow in his description of the varieties and the pathology of consumption, likewise

agrees with him as to the pathogeny of endocarditis. This is included among the parenchymatous inflammations. According to Virchow's views, chronic inflammation of the internal coat of the arteries is to be regarded as among the most frequent of diseases. After entering upon the reasons for classing the gelatinous and semi-cartilaginous thickening of the inner arterial tunic, which forms the incipient stage of ossification, and atheroma of the arterial walls among the parenchymatous inflammations, our author speaks of the endarteritis which accompanies hypertrophy of the heart in young subjects who are not cachectic, adding that it seems to attack by preference dilated portions of the arteries. Such cases furnish strong evidence of dependence of the disease upon local injury to the vessels. This subject, in relation to aneurism in the army, strikes us as being well worth careful investigation. At page 347 he traces the symptoms and course of disease of the aortic semilunar valves, and points out the mechanism by which cyanosis, dropsy, &c., are brought about. As a rule, however, he says, nothing of this kind takes place until after the lapse of considerable time, inasmuch as simultaneous hypertrophy of the left ventricle has the opposite effect, and neutralises the baneful influence of the defective valves. While the latter tends to retard the circulation of the blood, and to render it venous, hypertrophy accelerates its course, and makes it arterial. While valvular deformity causes decrease of the contents of the aorta, hypertrophy renders the aorta fuller. While deficiency of the valves hinders the outflow from the pulmonary veins, and lets the lesser circulation overcharge itself with blood, hypertrophy facilitates such outflow, and relieves the pressure upon the pulmonary system.

By keeping these facts in view, it is easy to understand how it happens that persons with extreme deficiency of the valves of the aorta enjoy comparatively good health, if only there be a compensatory hypertrophy of the left ventricle; and, indeed, such persons are frequently not even short of breath—a symptom never missed in cases of valvular disease of the mitral. In a foot-note he adds, what must be in accordance with the experience of others, that a huntsman of Greifswald, who suffered from extensive stenosis and insufficiency, and immense excentric hypertrophy of the left ventricle, performed all the manœuvres and forced marches of the army without difficulty.

At p. 458 there is a short but clear account of the disease known as Retropharyngeal Abscess—a dangerous suppurative form of inflammation occasionally seen, especially amongst children, in the connective tissue between the spinal column and the pharynx. This affection often gives rise to mistakes from its true nature being overlooked. The practical rule is to open the abscess as early as possible, to guard against the danger of choking the patient from its spontaneous rupture and the evacuation of its contents into the larynx, or the occurrence of closure of the glottis by pressure of the swelling or the supervention of œdema glottidis.

The subject of Intestinal Catarrh is very fully sketched. It is declared to be a very frequent disease; and the caution is given that, in making a diagnosis, we should accustom ourselves to first think of ordinary every-day diseases. If this were more commonly done, there would be fewer of those patients who now say that no physician could aid them, and that they did not improve till they began to take Morison's pills.

Syphilis finds a place among the chronic infectious diseases, and the author declares himself a dualist. We do not find Relapsing Fever classed as a distinct disease among the fevers. The chapter on Typhoid Fever contains some useful and practical information on diet, medication, and the employment of cold baths in this disease. As regards Asiatic Cholera, Dr. Niemeyer, like many of the Germans, does not attach the same importance to water-pollution that we do in England. He expresses the opinion that the poison is rarely taken into the system by drinking water containing it. As a rule, he says, it undoubtedly enters the nose and mouth with the air, and is swallowed with the saliva.

Cerebro-spinal Meningitis, Addison's Disease, Gonorrhœa, Spermatorrhœa, and diseases of the Uterus and Ovaries find a place in these volumes.

In conclusion, what is our estimate of this new edition? Considering the immense number of subjects embraced, and the large amount of matter which has to be collected, arranged, and digested, the difficulties in the way of writing such a treatise are very great. Of the German authorities who could undertake the task there are very few who would manage to compress the same amount of information in the same compass, and with these Niemeyer's Text-book will not hold the same position that it will with us, who do not possess the same love for hard study and hard thinking; but we venture to think that the seventh will not be the last edition of Prof. Niemeyer's work.

The Student's Guide to Medical Diagnosis. By SAMUEL FENWICK, M.D., Assistant-Physician to the London Hospital, Co-Lecturer on Physiology at the London Hospital Medical College, &c. London: Churchill and Sons. 1869.

CLINICAL instruction is very indifferently carried out in many of our hospitals. The medical student pursues his studies in the collateral sciences—such as chemistry and botany for example—in a regular and systematic manner. What he learns in the laboratory he learns by his own observation. With a handbook of practical chemistry he can proceed to the analysis of a substance by applying some preliminary and simple tests so as to discover a reaction or character which is common to that substance and others belonging to the same group; and he then goes on, by other tests, to divide and subdivide until he ascertains, by a process of elimination, the composition of the body under examination. It is the same with botany. When, however, he enters an hospital ward, he is for a long time unable to follow out for himself the steps by which a diagnosis is formed. He is apt to think that the power to diagnose disease depends upon practical experience merely, whereas facility in doing so depends upon cultivated habits of observation. There is some excuse, no doubt, for teachers who have acquired the art. Certain characters are to them so obviously present that they begin a long way in advance of the student, instead of leading him upwards by an easy process from those symptoms which have only to be indicated to be at once recognised, to others of a more refined, particular, and less pronounced character.

Dr. Fenwick found that, although the plan pursued at the London Hospital, of *individual* instruction, was more beneficial than that of teaching in classes, it yet involved a constant and wearisome repetition on the part of the teacher. To obviate this he commenced writing down some general rules, and these he has expanded into the admirable little book before us. It holds the same relation to the larger and systematic works of medicine that a "Dissector" does to a book on systematic anatomy, or a work on chemical analysis to one on systematic chemistry. Instead of the student deriving his knowledge from the observation of others, he is enabled to acquire it by that of his own, and he can follow out and verify the separate steps by which his teacher has reached a conclusion, when, from several of these steps having been taken at one jump as it were, the diagnosis seemed to have been reached by a kind of intuition. It is in complicated cases, or in those

presenting unusual or exaggerated symptoms, that *oral* teaching is so useful; and it is in disentangling the important from the really insignificant or, we may say, useless symptoms that the skill of the clinical lecturer comes out; and no book can ever supply his place.

Let us take an illustration of the method which Dr. Fenwick has adopted. The diseases of the liver are first grouped into acute and chronic; the latter are again divided, according as the organ is increased or diminished in size, and the enlargements are further subdivided into those in which there is, and those in which there is not, either pain or tenderness on pressure. This may be taken as a fair example of the way in which the diagnoses of all the ordinary diseases are treated. The disorders of each organ are prefaced by a brief account of their morbid anatomy under the several affections to which they are liable.

The work is well illustrated, and a separate sheet in the cover contains outline figures, with a piece of carbon paper by which the student or practitioner may preserve the various points he has discovered in making a physical diagnosis of chest diseases. The book is a modest and very good one; it is original in design, and well calculated to meet the wants of students and junior practitioners in many particulars which, as far as we know, no other work supplies.

Having bestowed upon it the praise which it fairly deserves, we may venture to suggest a few particulars in which the second edition might, in our opinion, be improved. The author says he has designedly omitted many subjects of interest, not because he has himself any doubt of their importance or truth, but in consequence of his desire to avoid embarrassing the student with views which are not generally admitted. In his chapter on Heart Disease he has sacrificed a little too much to this feeling. Although he mentions the presystolic murmur, he reproduces a very effective diagram from Hope, which is intended to explain the different murmurs. This diagram leads to an inference that is physiologically an incorrect one, although it is supported by several standard works. Unless the student appreciates the fact that the blood flows into the auricle and onwards into the ventricle until both are full, and that when the former becomes distended it drives the blood into the ventricle, which is no sooner distended than it immediately contracts, without any appreciable pause, he cannot understand the phenomena of the heart's action or the explanation of a "presystolic" bruit. And on the subject of râles, Dr. Fenwick has—in order to avoid detail, and with a view to simplicity, probably—spoken as if these were large and small bubbles. Dr. Austin Flint, by the way, in a recent paper on the Mechanism of the Crepitant and Subcrepitant Râle, has shown that these may be easily imitated by means of the patent india-rubber sponge lately introduced. Compressing the sponge, and letting it expand near the ear—dry for the crepitant, and moist for the subcrepitant, râle—the latter would be heard during both compression and expansion, the former during expansion only. This illustrates the true theory of the crepitant râle, that it is caused by the sudden separation of coherent surfaces, and not by bubbling.

We do not see why Messrs. Churchill might not introduce in the next edition one or two coloured plates of the different exanthemata. They require to be well and delicately executed, no doubt; but the characteristic spots in typhus and typhoid fever could be perfectly well rendered, and a few notes on their distinctive behaviours under pressure, and their duration and other characters, would make the differences easy of remembrance. We think this volume, as soon as it is known, will be very popular, for it supplies a want that has been long felt, notwithstanding the many books which have appeared under a similar title, but of a different character.

The Lancet Investigation

INTO THE

ADMINISTRATION OF THE OUT-PATIENT DEPARTMENT OF THE LONDON HOSPITALS.

No. IV.

ROYAL FREE HOSPITAL,

GRAY'S-INN-ROAD.

AT the outside of this hospital notice is posted up that "all sick and diseased persons, having no other means of obtaining relief, may attend every day at two o'clock, when they will receive medical and surgical advice and medicine free." From 3500 to 4000 patients avail themselves of this invitation every week; and of these about one-third consist of persons who have never been before.

The accommodation includes two waiting-rooms, which however are frequently so much crowded that the patients hang about the yard of the hospital. There is a regular cram to go before the physicians and surgeons; to whom from six to twelve are admitted at one time. A large amount of work is done by the house-surgeon, who attends the casualty cases, and for the members of the staff when absent. But the latter have an amount of uninteresting labour thrown upon them which neither conduces to the honour of the profession nor the good of the patients. On the week preceding the inspection, 2292 cases were admitted for consultation, this number being considerably less than it will be a few weeks hence. As the times of the physicians' and surgeons' entrance and exit are entered in the porter's book, we are enabled to note exactly the time spent by them in the performance of their duty. Thus Mr. Hill saw 208 patients, and was present in the hospital four hours and ten minutes. Supposing the whole of this time to have been occupied in seeing out-patients, he would have given on an average seventy seconds to each patient. On the same day Dr. O'Connor saw 318 patients in three hours and twenty minutes, or at the rate of thirty-seven seconds each. On another day in the same week Mr. Hill saw 240 patients in two hours and fifty minutes; and Dr. O'Connor 276 in three hours and forty minutes. Mr. de Méric saw 135 patients in three hours; and Dr. Cockle 150 patients in three hours and ten minutes. As a very large proportion of the surgical cases are venereal (of 52 male cases under the care of Mr. de Méric, 48 were of this nature), not much time is consumed in diagnosis; but even here time is taken up by the application of various remedies, the performance of minor operations, and repeated washing of hands; whilst the labour of writing prescriptions is reduced to a minimum by the use of abbreviations which effectually conceal the nature of the treatment to all who are not initiated into the mysteries of the Pharmacopœia employed. But on the physicians' side, nothing but long practice in the work could enable them to avoid very considerable mistakes; and they all acknowledge the necessity of passing over a large number of apparently trivial cases with the most cursory examination, in order to do some fair amount of justice to the rest. According to Dr. Rickards, out of 150 patients seen in an afternoon, not more than 30 present any features of professional interest; and during a whole month he could not find more than 10 cases worthy of being specially noted. He feels that a large number of the medical cases ought to be able to obtain the assistance they require at a dispensary supported at the public cost. On the surgical side, however, Mr. de Méric is

of opinion that the freedom of entry is a great advantage to persons affected with venereal disease. The absence of inquiry facilitates early treatment; and as delay only inflicts more and more mischief on society at large, restriction is not desirable.

But it can scarcely be doubted that the charity is grossly imposed upon in many cases. The first case which came before us was a French jeweller capable of earning his three or four pounds per week; and amongst the other patients were to be found policemen, gardeners, tailors, musicians, railway porters, cab-drivers, ostlers, gunsmiths, lawyers' clerks, housekeepers, washerwomen, bookfolders, and servants not always out of place. The great complaint against the whole of this class is their want of thrift and forethought. They all regard the hospital as their legitimate refuge. The contrast between the efforts made by the artisans and labouring classes in London and in the provinces to obtain medicine and advice at their own cost is most painful. There is scarcely a village in the country in which the labourer does not pay a few shillings per annum out of his scanty earnings to the village surgeon; but in London no such payments are observed. The existence of the free out-patient system has, in fact, destroyed the necessity for thrift. At the Royal Free Hospital this system is clearly carried to a very great excess, and needs curtailment and organisation. The staff is insufficient, especially as regards physicians; and we believe that a limitation of the numbers would conduce to the reputation of the physicians and the general welfare of the hospital itself.

GREAT NORTHERN HOSPITAL,

CALEDONIAN ROAD.

This hospital is situated at a considerable distance from any other, and is in the centre of a large and populous district, many of the inhabitants belonging to the artisan and labouring classes. The number of out-patients attended last year was as follows:—

	New.	Old.	Total.
Physicians' cases	7989	14973	22962
Surgeons' cases	3987	10223	14210
Dental	5129	...	5129
Diseases of the eye...	473	870	1343
Diseases of women and children...	362	499	861
Casualties	5324	10876	16200
	23264	37441	60705

The patients are received in a building which was formerly the hospital. As negotiations are pending the renewal of the lease, the rooms have not been specially prepare for the reception of the patients. There is, however, ample accommodation, in six separate waiting-rooms, for about 200 patients. The average number present at any one time is about 125. The patients are admitted from nine to ten A.M. Casualties are received by the house-surgeon throughout the day, and the physicians extend the time to patients from the country. The porter frequently refuses admission to persons finely dressed, and those who appear able to contribute something are requested to pay 2s. 6d. to the charity, by doing which they secure the privilege of being examined first. The average receipts from this source are about £1 per week. It is also to be noted that the whole of the inhabitants are thoroughly canvassed for subscriptions, and that a very considerable amount is obtained from the working classes, in sums of 5s. and under. After the admission of the special cases, the males and females are seen, the porter selecting the feeble and more obviously serious cases for early entrance. The patients are ordered to remain in the waiting-rooms; but the ladies are somewhat hard to keep in order, and a threat is posted up that if not obedient the surgeon "will not see one of them." Every patient is examined privately. One only is permitted to remain within a reasonable distance of the consulting-room door, in order to be ready when summoned by a bell. This is as it should be. In the out-patient rooms previously reported on there is no such thing as privacy.

The number of cases seen amounts on an average to about 1300 per week. The house-surgeon sees casualty patients daily at 9.30 A.M.; and there are usually three members of the staff attending every day. The most heavily worked physician receives from 16 to 20 new cases per day, and from 50 to 70 who have been before. The patients, therefore, remain on the whole longer under treatment than was observed elsewhere. So far from being any evidence of want of skill on the part of the staff, the length of attendance is a mere test of the confidence they inspire. The out-patients of our hospitals too often go there to find themselves justly dissatisfied with the perfunctory manner in which the work is done, and try elsewhere before the treatment is complete. At the Great Northern Hospital each fresh case is entered in a book, with the residence, and the nature of the disease. Contagious disorders are not found in the list. The attendance of the physicians and surgeons appears to us to be both regular and long enough to ensure the most thorough investigation of every case. It takes them from three to four hours to see 90 cases.

The dispensing is for the present carried on in a kitchen, very roughly fitted up, but provided with sufficient drugs. About three quarts of cod-liver oil, one ounce of quinine, and two ounces of cinchonine are used per day. The bottles are received and given out through a trap-door, which cannot be kept open.

The diseases of women and children, and diseases of the eye, are confided to special officers; and the dentist to the institution operates for scaling, stopping, or extraction. About half the admissions to the hospital, excepting accidents, are taken from the out-patient department, without any other recommendation than the gravity or interest of the case. On the whole we have great satisfaction in speaking of the out-patient department of this hospital. It presents a model which older institutions might usefully imitate. It is doing good work well; and we hope that the funds will be forthcoming to fit up the building and dispensary in a proper way.

THE SERPENTINE.

To the Editor of THE LANCET.

SIR,—On reading Dr. Arthur Wilson's letter, I at first thought that it referred to the draining of some fearful portion of the Pontine Marshes, or some pestilential African swamp; and I was amazed to find your much respected correspondent prophesying such lamentable results to follow the draining of the Serpentine. I have, with Dr. A. Wilson, on several occasions formed part of deputations to successive First Commissioners of the Board of Works, and it was invariably our urgent request that the Serpentine might be cleaned and concreted; and now that at last the Government have begun to do the work, and are fully determined to carry it out, it would be highly injudicious to interfere with the radical cure of a notorious evil. There is little amiss with that part of the bed of the Serpentine that is nearest to the cascade. That portion of the lake between the bridge and Bayswater was cleaned out a few years ago at your suggestion, so that cannot be in a very dangerous state. The middle part of the lake is covered with offensive-smelling stuff, susceptible of being neutralised to a great extent by quick-lime, which has already been freely used.

Any possible injurious effect of the operations now in progress becomes daily less, and must be risked in order to make healthy the place where hundreds of thousands bathe every summer, and to render it safe for thousands who skate and slide in winter.

I regret extremely to differ in opinion from one whose character I respect even more than I admire his talents, but I feel bound to approve the course taken by Government.

I am, Sir, your obedient servant,

Grosvenor-street, Nov. 10th, 1869. E. J. TILT.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 13, 1869.

THAT nearly ten thousand practitioners should agree touching several points of Medical Reform is a creditable and hopeful circumstance which deserves more consideration than it has yet received. It is one of the opprobria of our profession that doctors sometimes differ. Whatever their differences, however, in regard to individual patients, it is satisfactory to find nine thousand of them agreeing as to the body medical and the several measures which are requisite for its health and prosperity. As these practitioners not only agree, but are soon to be in immediate personal communication with Government, it is desirable that we should have a very clear idea of the several items of their memorial. We shall try to state these categorically.

1. The memorialists affirm that the Medical Act of 1858 has not sufficed to accomplish what was proposed in its preamble—it has not supplied to the public a means of distinguishing qualified from unqualified practitioners. They set forth, what cannot be denied, that a large number of men are practising in various parts of the country, not only without qualification, but without any proper medical education.

2. The second representation of the memorialists is against the employment of unqualified assistants by qualified practitioners. They go so far as to suggest that, in the coming amendment of the Medical Act, power be given to the General Medical Council to remove from the Register, and deprive of their professional rights, qualified men who shall abet illegal practitioners.

3. The memorialists complain that the loose state of the law touching certificates of death favours infanticide and secret poisoning. They suggest that a certificate of the cause of death by a legally qualified medical man, in the absence of a Coroner's order, be indispensable to interment.

4. They complain that the General Medical Council, created for the purpose of regulating medical education and registration, is composed mainly of the members of the medical corporations which grant licences, and that in consequence the control over medical education is very imperfect.

5. They think that the system of medical education should be revised, so as to be made at once more practical and scientific.

6. The memorialists suggest the substitution of one high and uniform standard of examination and one legal qualification for the many forms of licence to practise now granted.

7. They think that the practical part of a student's education, especially his teaching in hospital, needs to be improved. Special means should be used to secure his attendance on hospital practice.

8. They urge that the influence and power for good of the General Medical Council would be increased if provision could be made in a new Act of Parliament for duly representing in the Council the general body of practitioners in medicine and surgery.

9. The petitioners suggest that provision should be made for having a public prosecutor to enforce the Medical Act, and to institute proceedings against those who violate it by practising illegally.

Finally: They argue that the amendment of the Medical Act, as suggested, would be a benefit to the public as well as to the profession.

It must be remembered, too, that there are not only nine thousand memorialists, but that they include the leading practitioners, both general and consulting, in London and the provinces. The petitioners have undoubtedly hit upon the chief defects in the Medical Act, and their principal suggestions should be acted on. There may be some differences of opinion as to a few details of their suggestions. For example, they are not sufficiently explicit as to the amendment they would recommend in the constitution of the General Medical Council. They ask simply for the representation of the general body of practitioners. They do not say whether they propose to do this by adding to the present number of the Council, or by empowering the members of the various colleges and graduates of the different universities to elect the representatives. For aught that appears explicitly to the contrary, they would leave the General Medical Council in its present shape, of its present size, and representative chiefly of corporations. There is some advantage in the vagueness of this portion of the petition, for it leaves the petitioners at liberty to support any form of Medical Council that may appear the best after discussion. It is remarkable how professional opinion has grown and altered on this point. Twelve or eighteen months since, Dr. ANDREW WOOD's simple proposal of an addition to the Council would have satisfied the profession. Later still, it might have been satisfied with the recognition of a principle on which we insisted at the outset, that the members of colleges and graduates of universities should elect the representatives. Now, neither of these suggestions would satisfy the profession. We want a small Council, in which the interests of the public and of the profession shall both be represented, and which shall control, rather than represent, the licensing bodies. There is nothing in this memorial of nine thousand practitioners inconsistent with this last view. And we trust that by the time they have their interview with the Lord President or the Home Secretary the petitioners will be prepared with definite suggestions on this vital point.

The one high uniform examination is now so universally desiderated that it must be granted, and is already beyond discussion.

One other feature of the petition we must notice—viz., the severity of the suggestions against unqualified assistants. We have lately expressed ourselves explicitly on this subject. But we scarcely went so far as the petitioners. We are not quite sure that it would be right to forbid students, under any circumstances, during the course of their education, to act as assistants. But clearly this ought only to be allowed under the immediate supervision of qualified principals. To

put branch practices into the hands of unqualified assistants is to injure the qualified practitioner, and to defeat the ends of the framers of the Medical Act.

A DEPUTATION, consisting of a conjoint Committee of the Medical Society of London, the Association of the Medical Officers of Health, the St. Andrews Medical Graduates' Association, and the Poor-law Medical Officers' Association, waited on Mr. GOSCHEN, the President of the Poor-law Board, on Tuesday last, to lay before him the basis of a plan for the Registration of Disease. The proceedings were so important in promised results that something more than an ordinary report of them is demanded. The scheme suggested by the deputation is of the most simple kind, and, as Mr. GOSCHEN in the course of his remarks said, commends itself by its simple and practical form. It is proposed that the present weekly returns of disease which every Poor-law medical officer makes to his board of guardians shall be applied to an ultimate, and we may say national, purpose. By a very little modification of the present return—a modification which will not lay any additional burthen on the Poor-law medical officers,—the return-sheet will be divided into two parts. One of these parts, which will contain all the information the board of guardians require, will be retained by them for their special use; the other part, which will contain all the facts necessary for making up a weekly register of all the prevailing diseases of the poorer classes of the community, will be dispatched regularly to a Government office in London, where it will be treated precisely in the same manner as the returns of births, marriages, and deaths are now treated by the Registrar-General—that is to say, the facts will be classified, permanently retained, and published, with reports upon them for the information and benefit of the community at large. This is a fair though brief outline of the plan proposed. It is not new; for many years ago it was originally brought before the Epidemiological Society by Dr. RICHARDSON, and was favourably discussed. It was afterwards brought by the same author before the Social Science Association at the Dublin meeting; and again last year before a meeting of the Medical Officers of Health of the Metropolis, at which meeting the formation of the present conjoint Committee was resolved upon; but until now the scheme has taken no practical shape, so that to many it falls as new, and practically has to be treated in that light.

Thus considered, we have to comment on the quality of the suggestion and its probable success. Respecting the quality of the measure, it is admitted by its advocates that it is to some extent partial—that it deals only with the diseases of one portion (a very considerable portion) of the community, and that so far it is not *all* that could be desired. On the other hand, it is to be admitted that the registration of the diseases of the poorer classes would be a very fair index of the whole prevailing disease; and that if this extent of registration were made a starting-point, a foundation of registration, other and more extended observations might be built upon it; that it would afford to the nation a central office for receiving immediately a large percentage of the most important facts respecting the current diseases; and that very soon plans would be devised by which the returns from hospitals, infirmaries, dispensaries, general public charities, and all Government institutions, would be made available for the action of the central reporting authority. The most potent argument, however, in favour of the scheme is, that at once it admits of being started on a sufficiently comprehensive scale to prove of lasting value; that, in plain language, the registration is at this very time actually carried out; that, in a limited sense, by the medical officers of health and by private individuals engaged in sanitary scientific studies the registration, as it exists, has been often consulted and used with success; and that nothing more is demanded to transform individual into general action than the systematic collection and application of facts which up to the present have been, in the main, simply thrown to the winds. Not fewer returns than three millions of cases of disease are, it is urged, waiting but to be collected and utilised annually from the Poor-law books. So much for the quality of the suggestion; now as to its probable future. The first movement in its favour lies clearly with the Poor-law Board. The President of the Board can at any time direct the returns to be made in the manner proposed, and can have them gathered together for the purpose required: in this direction the deputation which waited on the Minister is bound to look with even sanguine expectations. Mr. GOSCHEN seized the whole of the question readily, and, as far as a Minister could speak, spoke earnestly in support of the scheme. He foreshadowed that to make the arrangement a success scientifically a uniform nomenclature of disease must be adopted, and he expressed to the deputation his desire to aid to the fullest the furtherance of the project. So far all is clear, and the one remaining point for serious consideration is the mode to be adopted for receiving the returns, and making the proper use of them when they have been received. Two plans have been suggested: one that the Poor-law department itself should perform the duty; another that the duty should be assigned to a distinct central office in connexion with the department of the Registrar-General of Births, Deaths, and Marriages. In answer to a question by Mr. GOSCHEN bearing on this subject, the deputation inclined to the course last named; and with this decision (which is entirely in accordance with the views we have already expressed in reference to this matter) as their guide, they must proceed to a further effort, that of influencing the Government to grant the use of the Registrar-General's department for the registration of disease. Meanwhile the profession has every reason to believe that a decisive step has this week been taken, which, whether the time for marching on be short or long, will ultimately lead the way to the accomplishment of a national registration of disease in England, the like of which, for comprehensiveness and completeness, does not exist in any country, but will extend, we may hope, from our own country to all civilised communities.

FOR how much longer are we to rest contented with the cumbrous and disjointed political machinery of bygone days? When may we hope to see something like an adjustment to the requirements of modern progress? We

have boards and authorities by hundreds, and yet it is by accident that the prevalence of disease is known. And when it is known, the various bodies are so difficult to manage and have themselves so many managers, they all hate each other so cordially, and view interference with such absurd suspicion, that the odds are that nothing is really done until the mischief is irreparable or the danger passed. For example, how came the Privy Council to know that famine fever had begun? One should say, of course, that the Poor-law medical officers, who see such cases at their origin, had reported the fact to the officers of health, and that the latter, in turn, had forwarded the information to Richmond-terrace. Nothing of the kind. The Poor-law medical officers have quite enough to do to attend their patients, and report to the board of guardians, who are as independent of the Privy Council as the Prince of Timbuctoo. And the officers of health, having no opportunities of treating the poor themselves, are compelled to depend, in a case like this, on other people's vigilance and observation, and are hence unable to obtain trustworthy evidence of early mischief whilst it may easily be checked. Or perhaps the Privy Council gains its information from Vestries and Boards of Works? Not at all. These gentlemen meet and quarrel over rates and paving-stones, but they have a thorough hatred of any really useful sanitary work. What do they care for epidemics? It is true they may be called upon some day to disinfect the courts and houses and build hospitals for the reception of the sick, but they are quite willing to shut their eyes and trust in Providence so long as the Privy Council does not put forth its powers to trouble them.

But, stay,—we were on the wrong scent altogether. Vestries and Boards of Guardians have to do with the living only, and the advent of an epidemic is usually marked by death. In the case of scarlatina we have sufficient evidence of this. The causes of death are not registered as a mere matter of curiosity. No one cares whether fifty people die of this complaint or a hundred of that. But we care to know whether people are dying of preventable diseases,—that is, of diseases the causes of which can be dealt with and removed. The object of registration must be to inform the Privy Council that a fatal epidemic is raging in a given place. Not so. We believe such communications are rarely made otherwise than through the published reports, which often appear too late for any useful purpose. There is imperfect harmony between the two Departments. Neither tells the other what it knows, and the action of the Privy Council is generally set moving by a sort of accident, by rumour, by private representations, or, as in the case of famine fever, by the public press.

But now let us see the absurdity of the action which ensues. The officer of the Privy Council is soon sent forth to make inquiries on the spot. It is owing to courtesy that he is generally well received. Precautionary instructions are issued to boards of works and officers of health. But it is soon found that the guardians are omnipotent in dealing with the poor. Nothing can be done without them. It is they who have to provide food and shelter for the destitute, medical attendance and comforts for the sick, hospital accommodation for those who need it, and conveyance for the sick thereto. And yet it is by accident that the recommendations of the Privy Council are laid before the guardian board. And when they are so laid, they are treated with scant courtesy, and lead to nothing. The next alternative is, therefore, communication with the Poor-law Board itself. And here there is not the least guarantee of common action. The Poor-law Board has its own staff of medical advisers, and its own views of what their function is. It may be pretty confidently stated that the Board have enough to do without helping the Privy Council, and they, therefore, push off the duties on to other shoulders, if they can. In the case of famine fever, they have a board below them ready made on whom to fix the responsibility of providing hospitals. The Metropolitan Asylums Board had indeed a grand opportunity of showing their capacity. They ought to have known long ago that an epidemic of fever would most probably prevail before their hospitals were built. Indeed, they were expressly told that all the buildings they could afford to raise in permanence would fail to meet the occasion should a serious epidemic arise. They were advised that temporary hospitals, capable of erection in infected localities, were the proper things, the more so as they had been found efficient, and could be made at little cost. Yet until this hour they have contented themselves with approving plans and paying cheques for building. They have never taken a single step towards providing for the fevers which prevail; nay, until the reception of the letter in question from the Poor-law Board, we doubt if they troubled themselves whether fever was prevalent or not. Do the managers suppose that all they had to do was to build hospitals? It would seem so, and that this also is the opinion of the Poor-law Board; for it is seriously proposed to put the whole trouble of providing the accommodation now necessary on the governors of the Fever Hospital. The whole cost is to be defrayed from the rates; and instead of the expenditure being made in detail by the responsible members of the Asylums Board, it will be transferred wholesale to a body of gentlemen who, although they may be entirely competent, are not responsible to the public and to those who pay.

The public treatment of epidemics is thus bandied from pillar to post. Confusion reigns supreme among registrars, commissioners, Ministers, Privy Councillors, and a hundred different boards, whose duties overlap each other and often clash. We believe there never was a time when the public were so anxious to submit to reasonable sanitary regulations. They are oppressed by scarlatina, and threatened with famine fever. They know not to whom to look. For ourselves, we believe that the question will not be solved by the multiplication of commissions, nor by the consolidation of Poor-law unions. London must be rated as a single town, and governed by a single board. But the detailed action must be territorial and local; for without exactness of information nothing effectual can be done.

WE understand that there is to be a special general meeting on the 22nd inst. of the governors of the Royal Albert Hospital, Devonport, to consider the relations existing between the hospital and the Admiralty, and other matters that have lately arisen.

Medical Annotations.

"Ne quid nimis."

ST. BARTHOLOMEW'S HOSPITAL.

A NOTICE has appeared in *The Times* that "the Treasurer of St. Bartholomew's Hospital requests that the public and the governors will suspend their judgment upon the recent charges made against the management of the hospital. He proposes to call a general meeting of the governors, at which he will enter fully into the nature of these charges, to which he is convinced he can give a completely satisfactory reply."

It is of course impossible, for a certain limited time, to avoid endeavouring to comply with this request; but it is also impossible not to feel the great difficulty of compliance. No amount of argument can defend what is indefensible, or can change facts that are patent to common observation. If the statement first made in our columns by a correspondent, that a nurse at St. Bartholomew's Hospital has a sleeping-room with only 370 cubic feet of space, had not been true, it would have been contradicted in our next issue. Supposing it to be true, it is a fact which no ingenuity can alter and no eloquence excuse. The nurses' sleeping-boxes have since been measured by the authorities, and, as their upper surfaces are formed by the irregular under surfaces of stairs, it is quite possible that some small error in the cubic measurement may be detected. If this be so, and if the cubic space be 375 feet, or even 380, what then? If the house-physicians had forty seconds a patient, instead of thirty-five, what then? There is reason to suppose that such defences as these will be set up by the governing body of the hospital. Great stress has been laid upon a supposed error in the comparison in *The Times* between the expenditure of two hospitals. It is alleged that coals and gas are included in the London Hospital house account, as well as diets; and that hence St. Bartholomew's, instead of spending less upon the patients than was spent at the London, actually spent upon them £3500 more. In this the objectors prove too much, and they totally miss the *gravamen* of the charge. They prove too much, because, in proportion to the number of patients treated, the proper excess of expenditure on them at St. Bartholomew's would have been about £1600; and hence, as the London is well known to be a model of good management, more than half of the £3500 must have been expended wastefully. They miss the *gravamen* of the charge, because it did not rest on any comparison of details, but on the broad facts that £29,000 was spent in one place and nearly £48,000 in another, although the patients were as 5351 to less than 6000.

We cannot refrain from pointing out, moreover, that the proposed meeting of governors looks very like a hole-and-corner inquiry. The governors are the very persons implicated; and it will be easy for them to meet together and to acquit themselves. We warn them that the time for any such proceeding has gone by; and that to attempt it will only hasten the inevitable reconstruction of their body by the authority of Parliament. The ruling organisation of the hospital is an anomaly that must be swept away. Its very nature entails abuses, and would lead men to suspect them even if they did not exist. The only safety for vested interests will depend upon those who hold them "being wise,—and being wise in time."

RELAPSING OR FAMINE FEVER.

IT is now two months since we first announced the presence amongst us of relapsing fever, and offered a warning prediction that it might probably assume an epidemic form. A fortnight afterwards our fears were already realised, and in the valuable contribution of Dr. Murchison a description of the origin and progress of the disease was given, which happily attracted the attention of the Privy Council, and led to the appointment of Dr. Buchanan to investigate the subject, and to the issue of an important circular to the vestries and officers of health.

We regret to find that the disease continues to increase, and that fresh admissions to the Fever Hospital are made daily. During the week ending October 23rd, 68 cases were under treatment. During the week ending October 30th, the number was 89. On the 6th instant there were no less than 120 cases in the hospital. The disease continues to prevail in St. Giles's and Whitechapel, where, besides those sent to the Fever Hospital, some patients have been attended at their own homes. A considerable number of cases have occurred amongst the tramps, who if not stopped will carry the disease over the whole metropolis. Ought there not to be a special inspection of the tramp wards every night? At present there has been but one death; but, although not by any means so fatal as other forms of fever, the disease in question is quite as injurious to the community, because it prostrates the poor, already weakened by privation, so long and permanently that it destroys their ability to labour. More than this, it is the natural precursor of typhus fever, which is favoured by like conditions. Last week there was also a sudden increase in the number of typhoid patients in the Fever Hospital; and although, as we then stated, the patients labouring under typhus are fewer than usual, we ought perhaps to have qualified the statement by mentioning that the cases now under treatment are of a very severe and dangerous type.

At present every bed in the Fever Hospital which can be appropriated to relapsing fever is full; and, should the disease spread, it is quite evident that further accommodation will be immediately required. In addition to issuing the circular to the vestries before alluded to, the Privy Council have addressed a letter to the Poor-law Board, who have referred it to the Metropolitan Asylums Board for further action. This Board was established expressly to provide hospital accommodation for fever cases of every kind; and the Poor-law Board have suggested the desirability of their now providing temporary accommodation, as the hospitals now in course of erection will not be ready for some months. The Board further state that it would not be advisable to erect temporary places on the grounds connected with the hospitals now being erected, as there are no officials or offices provided; but the Board think that some arrangement may be made with the governors of the London Fever Hospital. A subsequent letter was also read to the Asylums Board on Saturday last (the 6th inst.), stating that the Poor-law Board had already communicated with the governors of the said hospital, who were ready to provide temporary accommodation for sixty patients, if the whole expense of erecting and removing the temporary buildings would be paid for by the Asylums Board. It is, however, sufficiently obvious that this provision will not be adequate if the disease should continue to increase as it has done during the last few weeks.

THE COMPULSORY VACCINATION ACT.

IT will take something more than the ravings of the Anti-Vaccination League to counteract the influence of the facts which we have published specimens of recently, as to the marvellous success of the Act, not only as a thing accepted by huge communities, but in effecting the reduction almost to annihilation of the mortality from small-pox. Before the Act came into force, in the year 1867, the deaths from

small-pox in St. Giles's were 31: in 1868 they sank to 8. In the past nine months of 1869 the mortality from the disease in this unfavourable district has been *nil*. In Leeds, in the three months ending September 30th, there have been only 3 deaths from small-pox, and only one of these originated in the township. So that, out of a population of 136,839 persons, only one death can be traced to small-pox. To show the tendency in even reluctant persons to submit to a wise law, it is added that the penal clauses have only been applied in four instances, and in three of these the parents have since complied with the Act. We observe that in an account of an Anti-Vaccination meeting held at Hackney, it was stated that the members for Hackney expressed themselves as unfavourable to the Vaccination Act. Mr. Reed, in particular, was made to have said that great injustice had been inflicted on the people by the Act, and that he would vote for its repeal if his constituents wished. We believe that Mr. Reed will think twice before he distinguishes himself, and pleases the ignorant portion of his constituents, in this way. We ask him respectfully to consider the character of the facts above stated, and to contrast them with the wild nonsense that flows from the Anti-Vaccination League. An Act that annihilates such a horrible disease as small-pox even in St. Giles's, should not receive its death-blow from one bearing the honoured name of Reed.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

On Tuesday evening this Society held its first meeting for the winter session, Dr. Burrows, the president, in the chair. Before business was proceeded with, the President delivered a brief opening address, congratulating the Fellows upon their once more coming together, referring to the possible importance of the present session, and expressing a hope that all authors would send in their communications at as early a date as possible. A paper by Dr. Heale, "On the Pathology of Pneumonia and Bronchitis," was then read, and followed by brief discussion; the matters handled in it being hardly adapted for extempore debate. Next came a paper by Dr. Waters, of Liverpool, containing an account of the treatment of fifty-three cases of pneumonia, and of the results obtained. A subject so intimately connected with the daily work of physicians could not fail to excite much interest, more especially as the author expressed himself strongly in favour of alcoholic stimulation. On the motion of Dr. A. P. Stewart, the ordinary time for debate was extended, in order to allow a complete expression of opinion upon the points at issue.

DR. SLATER, OF ISLINGTON, AND THE POOR-LAW BOARD.

The unfairness which characterises, in too many instances, the treatment of the Poor-law medical officers by guardians and the Poor-law Board, is peculiarly manifest in the case of Dr. Slater, of Islington. In June last two charges of neglect were brought against him, one of which is said to have occurred more than seven months ago. The guardians, for reasons best known to themselves, did not enter upon a full inquiry, and even refused Dr. Slater the opportunity of calling witnesses on his own behalf. Upon this one-sided representation of the case, Dr. Slater was nevertheless suspended. He appealed to the Poor-law Board, and after three months' delay, an inquiry was held by Mr. Langley. It is not too much to say that Dr. Slater was enabled to clear himself thoroughly from every imputation which had been brought against him, and to support his explanation of the charges by witnesses whose testimony was entirely beyond the possibility of doubt. This inquiry was held on the 22nd of September, and from that time to this no verdict has been given, no sign made by the Poor-law Board. Meanwhile Dr. Slater is still suspended. He lies under the ban of the guardians, and the public naturally suppose that he is deemed unworthy to be allowed to resume his duty. Nor is he the only sufferer. The sick poor have to go a considerable distance to Dr. Harston's house, which is situated in another district. That gentleman has already more than enough to do. Last week it was reported to the guardians that there was a great deal of illness in the parish, and Dr. Harston had not a moment's rest. He had no idea when he took charge of Dr. Slater's district that it would be for long, or that he would have so much to do.

We would respectfully appeal to Mr. Goschen, and ask if treatment like this is either fair to Dr. Slater, or just towards the sick poor? Is it calculated to increase the confidence of the profession in the justice and protective power of the Poor-law Board? It is well known that Dr. Slater's real cause of offence was that about a year ago he had the temerity to complain publicly of the enormous amount of labour thrust upon him, and of the scanty salary paid him by the guardians. Attacked by some members of the board, he had the further temerity to prove his case by publishing his weekly returns of patients; and now he is to be offered up as another example of the danger of boarding boards of guardians, and giving unnecessary trouble to the officers of the Poor-law Board.

After the completion of the inquiry, why this prolonged and unnecessary delay in giving judgment on the case? If Dr. Slater had been guilty, the delay would have still affected the guardians and the poor; but being innocent, it was surely the duty of the Poor-law Board to reinstate him honourably as soon as the facts were known. But, after all, it is the sick poor who will be the chief sufferers. The parish of Islington has received its warning from the Privy Council. The famine fever is amongst the poor, and for the sake of punishing a troublesome and independent officer they are deprived of his valuable services at a moment when those services are urgently required. We have long ceased to look to the Poor-law Board for any special consideration for ourselves, but we do hope that the appeal of the sick poor of the Thornhill district of the Islington Union may not be made in vain.

THE EPIDEMIOLOGICAL SOCIETY.

At the first meeting of this Society, for the session 1869–70, the President, Dr. Seaton, delivered an address. He referred to the possible merging of the Society in the projected Royal Society of Medicine, and then went on to speak of the comparative freedom of the country from epidemics during the years 1867 and 1868. Now, however, we have not only an epizootic, the foot-and-mouth disease, but a very severe and widely-diffused epidemic of scarlet fever, and an outbreak of relapsing fever—a disease that is often the precursor of fatal epidemic typhus. Dr. Seaton sketched the history of this relapsing fever, so far as it is known, and said that the time at which it might have been crushed out had gone by, and that all we could now do was to restrain and mitigate. It was remarkable that there had been much less tendency to spread in Whitechapel and Bethnal-green, whence most of the patients were taken to hospital, than in St. Giles's, where a majority of them were treated in their own homes. After questioning the propriety of the term "famine fever," and after expressing his belief that we might reasonably hope one day to be able to destroy the contagion of those infectious diseases that are not always present with us, Dr. Seaton went on to describe briefly the present epidemic of scarlet fever, and to

speak of Dr. Farr's tables descriptive of the quinquennial mortality of the country. He also glanced at the so-called doctrine of vicarious mortality, and spoke of the constantly increasing flow of the rural population to towns as a matter that must necessarily increase the death-rate. Vaccination had done much to diminish infant mortality, but infant life had many enemies besides small-pox — enemies against which it behoved us to keep constant and watchful guard. From this point the address went on to consider the epidemics of foreign countries, and to describe the present attitude of cholera and of fevers. At its conclusion a cordial vote of thanks was given to the President, and various speakers commented upon particular topics. Dr. Crawford stated his conviction that many parents were now altogether omitting to register the births of their children, in order the more easily to escape the provisions of the Vaccination Act.

THE PARISH OF ST. PANCRAS.

Our readers will be glad to learn that the abominations of the St. Pancras Infirmary, to which public attention has been strongly called by repeated inquests, will soon cease to have any existence. An intimation has been published that the Poor-law Board will forthwith issue an order by which the parish of St. Pancras will be annexed to the adjoining Central London Sick Asylum District, and the new infirmary at Highgate will be assigned as the district hospital. It is said that the new infirmary may be made available in two months.

On Wednesday, Dr. Lankester opened inquests on six more cases of presumed accelerated death; and adjournments took place on most of them. It appeared that the foul state of the wards had been mentioned in the reports of the non-medical Poor-law inspectors, but that they had thought a bare mention sufficient. It would at present be premature to express any opinion about their conduct; but we shall return to the subject after the close of the coroner's inquiry.

EXPERIMENTS WITH THE COBRA POISON.

Dr. Fayrer is still continuing his experiments on snake-poison. Certain specifics sent him by enthusiastic possessors thereof have failed to show any antidotal virtues. Various sets of experiments have been made to test the effect of tightly ligaturing the limb, both before and after the bite of the cobra, on the absorption of the poison. In the first set, ligatures were thrown loosely round the limbs of dogs, and tightened as firmly as a man's strength could draw them immediately after the limb had received the bite of the snake; the wound was also cauterised with a hot iron, carbolic acid being first rubbed into it: death, however, ensued in the usual time—showing the rapidity with which the poison is absorbed, and how much must be absorbed before a ligature can be used, even in the quickest possible manner, after the reception of a bite. The effect of tightly strangulating a limb before it was bitten was to retard the entry of the poison into the system; but so subtle is the poison, and so great its diffusive power, that after a while death resulted in fowls. The free use of the ligature, however, gives a certain amount of time to operate locally in attempting to neutralise the venom in the wound. Dr. Fayrer has noticed that occasionally a poisonous snake may bite without poisoning—a fact that should be remembered in explanation of so-called cases of recovery from snake-bite. To show the potency of the cobra poison, it may be mentioned that forty drops of the blood of a dog poisoned by a cobra, diluted with water, and injected into a fowl's thigh, killed the bird in seventy-five minutes. Excision has also been practised by Dr. Fayrer, at once, within two or three seconds after the bite; yet in the meanwhile enough poison often entered the system to cause rapid death, though the fatal issue was retarded. The inference drawn is, that to cut the bitten part out extensively and immediately gives perhaps the best chance of recovery.

THE FASTING TRICK.

While the case of the Welsh fasting-girl is still exciting attention, it will be instructive to refer to an instance of a similar kind which happened at Tutbury, in Staffordshire, early in the century. In this case the imposition was kept up for more than four years, and was eventually brought to an end by "the unconquerable scepticism of some of the faculty," as the local chronicler happily phrases it. Consent was obtained to establish a rigid watch over the abstinent woman (the age is not stated), and the duty was undertaken by several gentlemen, who relieved each other in succession. The watch commenced on the 21st of April, and it was strictly carried out until the 30th—that is to say, nine days, during which period no nourishment was taken. The results are so graphically stated in the *Staffordshire Gazette* for May, 1813, that we quote the words of the reporter: "She grew gradually feebler, her pulse was almost imperceptible, and she at length became so ill as on the latter-named day to induce the gentlemen to suspend the watch. At this time she begged to have her mouth moistened with a wetted cloth. Her desire was complied with by applying to her lips a cloth dipped in vinegar-and-water; this was done several times, and the gentleman who administered it declared he perceived her to swallow, although she strenuously denied it. The physician attending upon her at the same time gave it as his opinion that she could not survive an hour; and yet at this period, with the immediate prospect of eternity before her, she, by her own desire, took an oath, drawn up in the strongest and clearest terms, that for more than four years past she had not taken sustenance of any description! Her daughter was admitted to see her, and she in a short time very much revived." Shortly afterwards the woman confessed voluntarily before a magistrate the imposition she had practised. She was weighed from time to time whilst the watch continued, and it was ascertained that she lost daily nearly fourteen ounces in weight.

THE BOARDING-OUT SYSTEM FOR PAUPER CHILDREN.

A week or two ago we called attention to the adoption of the system of boarding-out pauper children by the Warwick guardians, and we are now glad to learn that the President of the Poor-law Board has sent Mr. J. Henley, Poor-law Inspector, to Scotland to inquire into the working of the system in that country. The appointment is a very opportune one, for since we expressed our approval of the action of the Warwick Board some opposition has been raised against the system. The Council of the National Education Union has, we are told, appointed a deputation to wait on Mr. Goschen, to protest against the extension of what it calls the child-farming system, on the ground that its general adoption would interfere with the improvement of national education. We have already pointed out that for these pauper children there is wanted that home education which can never be acquired within workhouse walls, but which is a scarcely, if it all, less important means of fitting them for the struggle for existence than the education of the parish school. The boarding-out system, as we understand it, not only carefully provides for regular attendance at school, but gives the child at the same time the domestic training which family life can alone supply. This advan-

tage, in our opinion, of itself outweighs any number of mere theoretical arguments. The fears expressed in some quarters respecting the treatment of children thus boarded out are certainly not justified by the experience of Bath, and we trust that Mr. Henley's report will prove that they are altogether groundless.

"HOIST WITH HIS OWN PETARD."

MR. CHARLES HEWITT MOORE has, we are informed, accepted the post of Surgeon to the Hospital for Women in Soho-square, an office which has been recently created by the Committee of that institution (of which Mr. Moore was formerly a member) without any public notice, in addition to the surgeoncy held by Mr. John Scott. Mr. Moore is already surgeon to the Middlesex and St. Luke's Hospitals, and might have been thought to have sufficient hospital work on hand; he was also one of those who, in December, 1860, put forth a well-known professional protest against "special hospitals." More than this, however, this gentleman took an active part, just three years ago, in bringing to book one of his own colleagues at the Middlesex Hospital, who had unadvisedly joined a neighbouring special institution; and in THE LANCET of December 15th, 1866, will be found a record of an adjourned meeting of the lecturers of the Middlesex Hospital, called to receive that gentleman's *ultimatum*, which lay between retiring from one or other of the institutions to which he was attached. At this meeting the following resolution was passed:—"That, in the opinion of this meeting, it is injurious to the character and welfare of the hospital and school that a member of the hospital staff should hold an appointment in a special hospital instituted for the treatment of diseases which can be treated at all times, and as well, in a general hospital."

The recent appointment means one of two things, either that Mr. Moore has seen reason to change the views which he has held so strongly for nine years, or that in his opinion the Middlesex Hospital is not able to treat cases so satisfactorily as that in Soho-square,—a conclusion not very flattering to his colleagues. The position of Surgeon to the Women's Hospital is somewhat peculiar, for the *physicians* do the bulk of the operations—i.e., all operations connected with the female generative organs, including ovariotomy, vesico-vaginal fistula, perineal operations, &c. To the surgeons are allotted any cases of operation occurring among their own out-patients, and also such purely surgical proceedings as removal of the breast, operations on the rectum, &c. The profession appears to have so entirely acquiesced in physicians performing all operations of the former class, that we are only "astonished at their moderation" in leaving anything for the surgeon to do; but at the same time we should like to have the opinion of the Middlesex Hospital staff upon the performance of the duties of an assistant to operating physicians-accoucheur by one of the members of their senior surgical staff.

THE NEW HOSPITAL AT ROTHERHAM.

A VERY happy illustration of the great advances which have of late years been made in this country in the arrangement and construction of hospitals is furnished by the plans of the hospital about to be erected, or now in process of being built, at Rotherham. The architects are Messrs. Mallinson and Bakewell, of Leeds and Dewsbury, and their designs show much careful and thoughtful study, and do them infinite credit. The hospital will provide twenty-eight beds, distributed in three general and two special wards. The former will contain respectively six, eight, and ten beds; the latter will each contain two beds. To every bed in the general wards will be given a superficial area of 140 square feet, and a cubic space of 2000 feet; to each bed in the special wards a superficial area of 170 feet, and a cubic space of 2500 feet. The building is very conveniently planned for the medical and general staffs, and ample provision is made for the accommodation of out-patients. The wards will contain all the latest suggestions and improvements, the water-closets, lavatories, and bath-rooms being placed diagonally at the extreme angles, and isolated by lobbies, which, carried up above the roofs, form ventilating shafts, and take off all foul air. The nurses' room and scullery are placed at the entrance of the ward, a window between the room and the latter commanding the whole of the beds. Day-rooms are provided on both the male and female sides of the building for convalescents. The corridors will be heated throughout in the colder weather. The entire cost of the building is estimated at £3196, or £185 per bed; and provision can be made for thirty additional beds at an estimated cost of £70 each.

NEW SOURCE OF CITRIC ACID.

FROM the *Journal de Pharmacie* we learn that Professor O. Silvestri, of the University of Catania, has recently discovered a great quantity of citric acid in the fruit of Cyphomandra betacea, a plant belonging to the Solanaceæ, which is found scattered in the gardens of Sicily. Its natural habitat is Mexico; and it is also abundantly distributed in Peru and other parts of South America, where it is called *tomate de la par*. It is a woody plant, about 12 ft. in height, and from 1 to 1·5 per cent. of its fruit consists of pure citric acid. This acid has already been found by Bertagnini in the potato, and is probably present in greater or less quantity in all solanaceous plants.

DR. LIVINGSTONE.

AFTER a long season of doubt and foreboding as to the fate which might possibly have befallen this brave traveller in those mysterious regions of Central Africa where he has so long been hidden from us, there seems to be a gathering conviction that at last we have really got tidings of him that confirm the sanguine hope, which Sir R. Murchison has never ceased to hold out, of his ultimate return home, crowned with the laurels of new and grand discoveries.

At the opening meeting of the session of the Royal Geographical Society, on Monday evening, Sir Roderick read several letters relating to Livingstone, the first being from Livingstone to Dr. Kirk, dated July, 1868, in which he expresses his belief that he has found the sources of the Nile, and states that he has had no news from the outer world for two years; the second was a long despatch, also dated July, 1868, from Livingstone to Lord Clarendon, giving a detailed account of his travels, and his reasons for supposing that he had made the discovery just referred to; and another was a letter from Dr. Kirk, dated Zanzibar, September 10th, and addressed to Sir R. Murchison, in which he gave some particulars about the geography of the country through which Livingstone had passed, as they were gleaned from the natives who brought his letters to Zanzibar. Both Sir R. Murchison and Sir Bartle Frere spoke of still more recent letters they had received, which caused the former to declare his confidence that in a few months the Society would be giving Dr. Livingstone such a reception as had seldom been seen. The gallant President of the Geographical Society, whose enthusiasm in all that relates to his "illustrious friend," does so much honour to his own head and heart, may rest assured that in the welcome which awaits Dr. Livingstone on his restoration, as it were, from the dead, the members of our profession will vie with the geographers to make it memorable indeed.

THE SHEFFIELD BOARD OF GUARDIANS.

A CORRESPONDENCE in the *Sheffield Independent* relates to the death of a young woman named Mary Ann Wragg, who, from the statements there made, appears to have been treated with great inhumanity by the Board of Guardians. It is said that she was suffering from typhoid fever; and that Mr. Taylor, the resident medical officer of the Public Hospital, visited her, and sent an application to the relieving officer requesting him to supply her with certain matters (beef-tea and port wine) necessary to her recovery. This was done up to the time of the next meeting of the Board, when the father was summoned to attend; and, he being in work, "although the family, through sickness and other causes, had been reduced to the lowest depths of poverty," the guardians refused to continue the allowance. The patient died, as it is alleged, from want of nourishment. Upon this Mr. Taylor refused to certify, and applied to the coroner; who, on his part, refused to hold an inquest. The matter is therefore being fought out in the local papers. From such meagre accounts it is impossible to speak decidedly about the case; and we believe the Board would be technically justified in refusing to supply such diet except on the certificate of the district union medical officer. But if the facts are as stated above, it would not be easy to speak of the Board in language sufficiently condemnatory. The allegation amounts to this, that, by a miserable parsimony, under shelter of a quibble, they threw away the life of a fellow-creature, and promoted the spread of a destructive malady. We hope the charge may not be true, or that the circumstances may admit of some other explanation. It is painful to credit the existence of such stupid inhumanity in anyone, still more in a body of men whose office affords them large and frequent opportunities of doing mischief to their neighbours.

THE STUDENTS AT ST. BARTHOLOMEW'S.

WE have received from a correspondent, whose letter we shall not at present publish, a bitter complaint of the conduct of the Bartholomew's students at lecture-time, and more especially during the lectures on medicine. The students cannot fail to be deeply mortified at the position of affairs in the hospital and school, and it is perhaps not unnatural that they should take such means of exhibiting their displeasure. We would not, therefore, condemn the individual culprits too strongly; but we must entirely condemn the conduct described. Lecture-time is a time for learning; and a student may learn something from any lecture. The noisy student is wrong from all points of view. For himself, he wastes valuable opportunities; for others, he robs them of instruction that they are entitled to enjoy. Moreover, he degrades, by vulgar buffoonery, a profession that ought to admit only gentlemen. Our correspondent suggests expulsion of the offenders by the authorities. The remedy is too serious for the disease. In every school the noisy and vulgar students are a small minority, and could be kept in proper control by their contemporaries. We would suggest a trial by jury after lecture, and a smart application of birch twigs to the bare gluteal regions of convicted offenders. "The sports of childhood satisfy the child," and the punishments of childhood are well suited for those who do not seem to have acquired the self-control of men.

QUININE FOR PAUPERS.

A DROLL controversy has arisen in the Hexham Union concerning the manner in which sick paupers should be supplied with quinine and cod-liver oil. The Chairman of the Board has proposed that these things should be sent to the doctors, and given by them to the patients. He rested this proposal on the plea that "there was a difficulty about the dispensing of quinine by the relieving officers. It was given out in very small quantities, and it was difficult to weigh." We infer from this that an attempt had been made to treat cod-liver oil and quinine as extra diets, and that instead of being made into pills or mixtures, the latter must have been given in bulk by the relieving officer, and given dry! How in the world did the patients divide the doses? Of course it was the intention of the Poor-law Board that the quinine should be supplied to the doctor. No other arrangement would be other than ludicrous, or could have any results but waste and disappointment. A consolidated order can do a good deal, but it cannot turn a relieving officer into a dispenser of medicines. "*Ex quovis ligno Mercurius non fit!*"

ACTION OF VERATRIN.

A VERY careful investigation of the therapeutic properties of veratrin has recently been made by M. Pégaitaz, who has published his results in the *Deutsches Archiv für Klinik Medicin* for last month. He describes its effects both when taken internally and when subcutaneously injected; and finds them almost precisely the same, being as follows:—In the earlier stage, excitation; subsequently depression. Then follow in succession, salivation, nausea, sensation of choking, vomiting, and usually diarrhœa. The voluntary movements become unsteady, the want of power displaying itself first in the posterior, and subsequently in the anterior, limbs; accompanying this there appeared to be a certain degree of stiffness. There were coincidently exaltation of the reflex sensibility and diminution of the sensibility. The temperature, the number of the respiratory acts, and of the beats of the heart, were all transiently diminished. Convulsions and tetanus finally set in; but careful examination failed to discover any indications of inflammatory mischief. Experiments made with a view of testing its applicability as a remedy which might be used hypodermically seem to have been unsatisfactory; showing that whilst it acts in this way similarly to its operation when given by the mouth, yet the injection produces very great pain.

THE SANITARY CONDITION OF STAMFORD.

MR. J. NETTEN RADCLIFFE, the Privy Council Inspector, has recently been investigating the circumstances attendant upon an outbreak of typhoid fever in Stamford, which in twelve months had yielded 152 certified cases, the probability being that the actual attacks were not less than 200. On the conclusion of his inquiry, Mr. Radcliffe met the members of the Town Council, the Improvement Commissioners, and others interested in the sanitary condition of the town, at the Town-hall, and communicated to them the substance of the report which he would have to make upon the matter to the Privy Council. The disease, on its first appearance, was localised in one part of the town, which Mr. Radcliffe has found to be honeycombed with cesspools, and, in fact, the whole of the ground was saturated with excrementitious matter, as was evident from a disgusting sample of water taken from a well chiefly in use by the inhabitants of the locality first and mainly affected. Polluted wells, imperfect drainage, and cesspools generally characterised the whole town, and these defects were strongly urged upon the authorities for immediate remedy. The provision of a better and more ample water-supply, and the closing of pumps whose water was contaminated, were also strongly insisted on.

It appears that in Stamford there are two separate authorities, each vested with a certain amount of power, as re-

gards sanitary matters, and Mr. Radcliffe pointed out that the co-operation of those two authorities, the Town Council and the Improvement Commissioners, was essential for the effective carrying out of the measures suggested.

We are glad to observe from the latest local intelligence that the two bodies are disposed to act harmoniously together for the good of the town. Thus the Improvement Commissioners have exercised their powers in closing some of the objectionable pumps, and have also appointed a committee to confer with the Town Council in reference to an improved water-supply. And the Town Council has appointed a committee to act in concert with the committee of the Improvement Commissioners. So there is hope for Stamford that it will before long be relieved from the burden of unhealthiness it has borne so long.

IMPORTANT TO THOSE WHO HAVE CLUBS.

A CASE was tried in Liverpool on the 6th inst. before two justices, in which the plaintiff, a member of a Friendly Society, was certified by Dr. Wallace to have secondary syphilis; and that being considered by the Society as a preventable disease, brought on by his own misconduct, benefit was refused. The plaintiff brought forward Dr. Bennett, who said that he had attended him for fever and ague; but that he had not examined him for syphilis, and would not swear that he had not syphilis, though he saw no symptoms of that disease. The Society wished the difference of medical opinion to be referred to a third medical authority; but the justices decided that the plaintiff had the disease when he entered the Society; and as their medical officer, Dr. Dale, had passed him, and he had been admitted into the membership of the Society, the Society was responsible, and a verdict was therefore given, with expenses, for the plaintiff. Query: Would the Society have admitted him if they had known he was syphilitic?—and seeing plaintiff kept back that information, who was primarily at fault, he or the Society?

MR. PEABODY.

WE cannot withhold our tribute of praise from this great philanthropist. It would be presumptuous to attempt to magnify his munificence, or to specify the details of it. But we may be allowed to praise the wisdom which guided his charity, and especially the discrimination which induced him to spend so much of the money which he gave to the poor in the way of providing comfortable and decent homes for them. It is doubtful charity that merely throws money to the poor; but that is wise kindness that endeavours to place them in physical conditions favourable to health, decency, and comfort. It is becoming more and more evident that this attention to the physical surroundings and conditions of the poor is the only sound basis for all measures that contemplate their moral and spiritual improvement. That this princely philanthropist should pass through Westminster Abbey to be buried in his own America is the fit ending of one of the finest lives that has lately been lived. Such men scarcely die.

"Quidquid ex illo amavimus, quidquid mirati sumus,
Manet; mansurum est in animis hominum, in æternitate temporum,
Fama rerum."

TESTIMONIAL TO PROFESSOR SYME.

THE public meeting held at St. James's Hall, on Wednesday, the 10th inst., for the purpose of initiating a testimonial to this distinguished surgeon, was presided over by Dr. Lyon Playfair, C.B., M.P. The attendance was considerable, and included several names of distinguished scientific reputation, such as Sir Roderick Murchison, Bart., K.C.B., F.R.S., LL.D., Mr. Paget, F.R.S., Sir Henry Thompson, Dr. Sharpey (Secretary to the Royal Society), Dr. Gibson (Inspector-General of Army Hospitals), Dr. W. Ord Mackenzie (Deputy Inspector-General of Army Hospitals), Dr. Saul, Dr. Gogswell, Dr. Cobbold, Dr. Donald Fraser, Dr. Murray, Dr. Dixon, Dr. Marshall, &c. The Chairman, Dr. Sharpey, Sir R. Murchison, Mr. Paget, Sir H. Thompson, Drs. Murchison and Cobbold, Mr. Annandale, and Drs. W. Ord Mackenzie, Dixon and Marshall were among the speakers. The Chairman reviewed the services which Mr. Syme had rendered to surgery, and Mr. Paget, in a felicitous style which is easy to him, spoke, as professor in a rival school, on behalf of English surgeons. It is proposed to perpetuate Mr. Syme's name in connexion with the Edinburgh School of Medicine by a suitable memorial, in the shape of a Fellowship to be called "The Syme Surgical Fellowship," and a marble bust of the late Professor of Clinical Surgery. A letter from Carlyle was read to the meeting, which was couched in his usual eccentric but graphic style.

DR. JOSEPH DALTON HOOKER, C.B.

THE medical no less than the scientific world will be gratified at the appointment, by her Majesty, of Joseph Dalton Hooker, M.D., Director of the Royal Botanical Gardens at Kew, to be an Ordinary Member of the Civil Division of the Third Class, or Companions of the Most Honourable Order of the Bath. Dr. Hooker has a world-wide reputation as a naturalist, and his position at Kew, in which he succeeded his father, Sir Wm. Hooker, has given him rare opportunities for the cultivation of botanical science. It is probably not so generally known that Dr. Hooker is the senior assistant-surgeon on the active list of the Royal Navy, his commission dating from 1839, and he having served as naturalist in one of the Arctic expeditions.

NATURAL SCIENCE SCHOLARSHIP AT CAMBRIDGE.

CHRIST'S COLLEGE offers scholarships and exhibitions (in number from one to four, and in value from £30 to £70 a year, according to the number and merits of the candidates) for Natural Science. The examination will be on April 5th, 1870, and will be open to anyone, whether a member of Christ's College or not, provided his name is not on the boards of any other College in Cambridge, and provided he is not of sufficient standing for B.A. It will be open, therefore, to all undergraduates of Oxford, to non-collegiate students of Cambridge, as well as to all students who are not members of either University. The candidate may select for himself the subjects of examination, and must send his name, &c., in to the Master upon March 29th. Further information may be obtained from the Rev. W. Gunson, Tutor of the College.

MELKSHAM COTTAGE HOSPITAL.

WE are at all times glad to record the success of any endeavour to establish cottage hospitals in parts of the country previously unprovided with hospital accommodation. The first annual report of one of these institutions, established last year at Melksham, gives every promise of a career of usefulness and success. The patients are expected to pay a weekly sum for their maintenance while in the hospital, and every medical man in the parish has the privilege of recommending patients, and continuing his treatment of them if they were previously under his care; otherwise the patients are under the charge of the medical director, Dr. Edward Meeres.

ABERDEEN ANATOMICAL SCHOOL.

AN important addition to the Aberdeen School has just been made in the new anatomical museum. In his opening lecture, Dr. Struthers explained the efforts he had made during the few years he had held the chair of Anatomy to found an anatomical museum. The room is a large and handsome one, lighted from the roof, *en suite* with the other anatomical rooms; and the glass cases, which were planned after examination of the best models in the London museums, and have been introduced during the autumn recess, serve to display the preparations effectively. The shelves are already well filled, though many of the preparations still remain to be mounted. The pupils in the school, who may be congratulated on this addition to their anatomical opportunities, are, we understand, on the increase, the anatomy class being larger than in any previous year.

"THE LANCET" IN SHOREDITCH.

MR. FELL, of Shoreditch, is welcome to the opinion that no one cares for our remarks, and the chairman of the guardians also seems to think that everything must be correct which is sanctioned by the Lunacy Commissioners and the Poor-law Board. Mr. Fell states that none of the lunatics sent to Northumberland had friends. If so, they were strangely different from others found in workhouses. But how about those who were sent to Wells. Had they no friends? Neither the chairman nor Mr. Fell can deny that these unfortunates have been transported to the country in order to save the local rates by putting the charge of their maintenance on the common fund. This may not be an illegal act, but we hope to find many to join us in calling it harsh and impolitic.

CHOLERA IN THE PESHAWUR DISTRICT.

THE Indian mails have of late been bringing home bad news for military circles. The cholera epidemic has told with great force upon the troops stationed in the Peshawur district,—a part of India where malarious fever is rife at the best of times. The 36th and 104th Regiments, with the Royal Artillery stationed in Peshawur, have altogether lost upwards of 100 men, according to the latest reports. The Infantry regiments appear to have suffered out of all proportion to the Artillery.

A TIPPLER'S BREATH.

IN an Irish will case one of the medical witnesses recently deposed that the testator, upon whom undue influence was said to have been exerted, had been seen by him in a state of great excitement, and with unmistakably "a tippler's breath." This evidence was not supported by others; but we mention it just to say that such general expressions are often misleading and unjust. We once heard a portion of a teetotal lecture, illustrated by pictures of human stomachs, ascending by degrees from roseate pink to darkish purple. The first of the series was a healthy stomach, the next a moderate drinker's stomach, the third an occasional drunkard's stomach, the fourth an accustomed drunkard's stomach. Last came the fifth. "This," said the orator, pointing to a purple patch, set far apart from its fellows—"this stomach, ladies and gentlemen—this terrible monument of depravity — this is a representation of a *cabman's stomach!*" The "tippler's breath" is perhaps hardly a more safe or a more justifiable expression.

THE NEW BARRACKS AT GLASGOW.

THE new barracks about to be erected at Glasgow will be provided with a small regimental hospital, which is, we are informed, constructed on the most simple, and at the same time the most modern, principles. The natural method of cross ventilation by opposite windows is supplemented by the artificial system of fresh air inlets with Nettleton's stoves, and extracting shafts. The lavatory, baths, water-closets, and sinks, are completely separated from the remainder of the building by the interposition of a lobby provided with means for its own ventilation.

THE SHEFFIELD HOSPITAL AND THE POOR'S RATE.

AN attempt has been made by the overseers of Sheffield to enforce payment of the poor's rate by the Public Hospital; and has been successfully resisted. The success of the resistance was due partly to a fault in the proceedings, and partly to local circumstances; and it seems as if the overseers were rather seeking to fulfil the letter of their duty than really to make out their claim. In the first place, the summons served upon the defendants was not signed by a magistrate, and was therefore so much waste-paper. In the next place, it was urged that the summons, if it had been signed, should not have been issued against the Weekly Board, but against the whole body of governors; and that, as every local magistrate is a governor, and would have been a party in the case, there is consequently no tribunal before which it could be heard. The summons was dismissed as informal; and it was afterwards arranged that Dr. Hall, on the part of the hospital, should have an interview with the governors, and explain to them the grounds on which charitable institutions ought to be excused the payment of rates. We congratulate the authorities of the Sheffield Hospital on the decision. Pending legislation upon the subject, it is right that hospitals should use every means to escape the impost; and other committees will perhaps exert their persuasive powers in order to enroll the whole of the local bench among their contributors. The general question will probably receive the early attention of Parliament; and it must not be forgotten that it is beset with many difficulties. In the case of *bond-fide* hospitals, with incomes that are properly expended, no one doubts that they ought to be excused. But we want some test of *bona fides*, and some evidence of propriety of expenditure. There are enough of sham hospitals already; and if every private house could be exempted from the payment of rates by being called an hospital, their number would probably increase. Moreover, although it seems mere waste of energy to pay poor's rates out of charitable funds, it is perhaps a better application of them than to gild dining halls, or to provide dinners for city magnates.

"HOSPITAL SUNDAY."

THE success which has attended the institution of an "Hospital Sunday" at Birmingham should encourage other towns to follow so excellent an example. For our own part, we should like to see the custom adopted universally, throughout the kingdom, of setting apart one Sunday in the year for a recognition, in every Christian place of worship, of the claims of local medical charities.

EDINBURGH UNIVERSITY CLUB.

THE quarterly dinner of this Club took place on Wednesday last at St. James's Hall. The chair was taken by Dr. Lyon Playfair, and the visitors included Professor Owen, Dr. Burrows, the Principal of Dulwich College, and others. Dr. Playfair, in proposing the toast of the evening, dwelt strongly and decisively on the rights of women, and we regret to say expressed his entire approval as to the recent decision of the Edinburgh University on this question.

POOR-LAW DISPENSARIES.

IT is a great misfortune that the Poor-law Board remains so obstinately silent as to regulations which may be found desirable in the establishment of dispensaries. Like many others, the guardians of Colchester have evinced a desire to adopt the system, and yet are utterly ignorant of the mode. One member of the Board said that of course the medical officers would be consulted; another said they were divided in opinion, which is not surprising, seeing that, unless they had practised in Ireland, they could not have had experience on the point; another said that there could not be any difficulty, as dispensaries had been strongly recommended by the Poor-law Board. At last a Committee was formed to take evidence; but when or how they will obtain it we cannot say. If the medical advisers of the Poor-law Board would draw up certain rules and instructions for the guardians' guidance, the latter would more completely understand, and therefore be more ready to adopt, the system.

PREPARATION OF NITROGEN.

IT is stated in the *Journal de Pharmacie* that M. Lévy, an Italian chemist, has discovered a ready mode of obtaining pure nitrogen. It consists in heating bichromate of ammonia in a retort. The salt is converted into green sesquioxide of chrome, and at the same time disengages the vapour of water and of nitrogen.

DEATH FROM CHLOROFORM.

ANOTHER of those regrettable deaths which it is our unwelcome duty to record, of patients when under the influence of chloroform for operations, has just occurred in the person of a gentleman commoner of Lincoln College, Oxford. A proper medical examination prior to the administration of the anæsthetic appears to have been made, but the autopsy revealed an enlarged heart with thin muscular walls; hence the fatal result.

THE guardians of the Colchester Union have unanimously resolved to introduce the system of boarding-out pauper children instead of sending them to the workhouse or district schools. They have already had many offers from eligible persons, likely to do their duty as foster-parents, on the terms offered by the Board, and it was resolved that extras should be paid for medical attendance and school fees. We regret to observe that the Council of the Society of Arts have resolved to oppose this admirable mode of treatment, although it has been sanctioned by the unanimous vote of Parliament, and is about to be thoroughly examined by an inspector of the Poor-law Board.

THE Sheffield Public Hospital has been closed during the alterations, which are now being completed as rapidly as possible. We are informed by Dr. J. C. Hall, the hon. secretary, and senior physician of the charity, that the wards will be ready for the reception of in-patients on the 1st of March, 1870. The hospital will then accommodate about 110 in-patients, with rooms for house-surgeon, assistant house-surgeon, dispenser, matron, porter, nurses, and other servants. We are glad to note on the list of subscribers to the building fund the names of his Grace the Duke of Norfolk for £500; H. Wilson, Esq., £500; Town Trustees, £100; Sir John Brown, £100; Joseph Wilson, Esq., £100, &c.

A CONVICTION under the Factories Act was obtained on Tuesday, at Bilston, against a coal and iron company, for having employed two young persons without obtaining proper surgeons' certificates.

IN Whitechapel a conference has taken place between a committee of the local board of works and the medical officers and guardians of the Union in reference to relapsing fever, at which it was decided that no additional accommodation is at present necessary, but that the medical officers should have all requisite authority to furnish such extra nourishment to patients as might be necessary.

CHOLERA appears to have broken out very severely in the city of Kieff, in Russia; the disease is said to be of the most malignant type, causing 41 deaths out of 62 persons attacked.

THE want of a public mortuary in the parish of St. Luke has led to the adoption of a motion in the Vestry for the erection of one in the parish churchyard.

WE are glad to learn that the sufferers from the recent explosion on board the *Thistle*, who were received into the Melville Hospital, Chatham, are all making satisfactory progress, with one exception, in which case delirium has supervened.

DR. PURNELL has been unanimously chosen Mayor of the city of Wells for the third year in succession.—Dr. Rolston has been re-elected Mayor of Devonport.

THE LATE EPIDEMIC AT THE GAMBIA.

WITH reference to the various and conflicting statements which have been made regarding the graveyard at Bathurst, and the burial of the dead during the late epidemic of cholera, we have recently been given to understand, upon independent authority, that from the nature of the soil, and its close proximity to the sea (or river), no grave or trench could be made over four feet deep without coming to water; and the vast number of daily interments, with the very insufficient and reluctant staff of labourers at the disposal of the local government, notwithstanding the high pay offered for this repulsive work, rendered it impossible to give separate graves; therefore, several bodies were placed in each trench.

We understand that Mr. Fowler was indefatigable in his exertions in superintending and assisting in this disagreeable duty; but being unable to be present on all occasions, this last rite was probably in many instances carelessly performed in his absence.

The document from which we originally obtained our information having been returned to us, we venture to publish it, with no other comment than this—viz., that it justifies us in having stated all that we did.

"We, the undersigned, do hereby certify that on Wednesday, May 26th, 1869, we went to the Cholera Cemetery, Bathurst, Gambia, on the occasion of the burial of a gentleman connected with the house of T. F. Quin, Esq., of this place; and, upon leaving the aforesaid cemetery, we had to pass between the trenches which had been dug to bury the dead in. As we passed, we saw the legs, arms, feet, &c., of the dead protruding from their graves, and the stench from the exposed bodies was horrible.

(Signed) "T. F. J. QUIN.
"WM. G. MILLER.
"E. F. NOEL.
"P. A. BOWMAN."

SCARLET FEVER IN LONDON.

THE mortality from scarlet fever in London has made a further advance, 241 deaths having been registered from it last week. During the last fortnight 470 fatal cases occurred, and the mortality during that time was in the proportion of

39 deaths annually to every 10,000 of the population. The distribution of the deaths in the five registration groups of districts, rateably to their populations, during the fortnight, was 13 per 10,000 in the Western, 33 in the Northern, 40 in the Central, 64 in the Eastern, and 40 in the Southern. A comparison of these ratios of mortality with those which we gave on the 30th ultimo for the four previous weeks, reveals the fact that the fatality of the epidemic has slightly diminished in the Western and Central districts, while it has increased in a correspondingly slight degree in the Eastern and Southern districts, but in the Northern group it has undergone a very considerable increase. How much of this increase is due to an accumulation of patients in the Fever Hospital at Islington the official statistics do not enable us to determine.

The Registrar-General has published in his last Weekly Return an exceedingly valuable table showing the annual death-rate from scarlet fever in each one of the London districts during three successive periods; and it appears to us that the results arrived at are sufficiently striking to justify their reproduction here as nearly as possible in their original form.

Deaths annually from Scarlet Fever to 100,000 *persons living.*

	10 Years, 1851-60.	8 Years, 1861-68.	43 Wks. ending Oct. 30, 1869.
LONDON	94	94	152
West Districts.			
Kensington (HHH) ...	69	79	95
Chelsea (HH*w*)	99	107	43
St. George, Hanover-sq. (H)	65	67	42
Westminster (H) ...	107	94	77
St. Martin-in-the-Fields* (H)	62	79	57
St. James, Westminster*	61	74	98
North Districts.			
Marylebone (H)	84	76	93
Hampstead	80	45	100
St. Pancras (HH*w*) ...	96	99	88
Islington (HH*w*) ...	104	110	130
Hackney (HL*w*)	79	77	192
Central Districts.			
St. Giles	83	95	78
Strand* (H)	88	83	113
Holborn* (H)	106	130	181
Clerkenwell*	90	118	155
St. Luke* (HL)	114	103	262
East London	100	102	210
West London (H) ...	138	126	234
London City	62	61	106
East Districts.			
Shoreditch (L*w*)	106	97	216
Bethnal-green (HL) ...	99	111	328
Whitechapel (H) ...	90	107	247
St. George-in-the-East ...	119	87	289
Stepney ... ... }	115	108	291
Mile-end Old Town (*w*) }		112	205
Poplar (L*ww*)	110	79	258
South Districts.			
St. Saviour (H)	108	89	113
St. Olave (H)	122	100	283
Bermondsey	126	106	282
St. George, Southwark (L)	97	101	190
Newington	97	92	163
Lambeth	102	104	82
Wandsworth (*w*L) ...	77	75	122
Camberwell (LL) ...	83	90	120
Rotherhithe	104	78	268
Greenwich* (HHH) ...	90	86	93
Lewisham* (H)	77	71	35

To make the table comprehensible, we should say that the letters H, L, and *w*, placed against the names of the districts, indicate that an hospital, a lunatic asylum, or a workhouse, *belonging to another district*, is situate therein; circumstances which have to be taken into account in speculating upon the degree in which the disease was prevalent in any district in either of the periods. And further, though the point is of no material importance, it appears that prior to 1859 diphtheria and cynanche maligna were included with scarlet fever in the Returns, so that the comparison of the earlier period with the two later ones is not absolutely exact.

We must let the Registrar-General's calculations speak for themselves. It would seem, however, that while it might be, as Mr. J. N. Radcliffe has observed, "a useless refinement" to distinguish the districts of maximum from those of minimum mortality, where all form one contiguous "field," yet it is noteworthy that certain districts have exhibited a constantly high rate of scarlatinal mortality during the whole of the last eighteen years, the cause of which would be well worth the while of ascertaining.

The Registrar-General also publishes a Memorandum by the London Medical Officers of Health, on the measures necessary for arresting the spread of scarlet fever. A memorandum to the same effect has likewise been issued by the Medical Officer of the Privy Council. We have not space to give either of these documents *in extenso*, nor is it necessary that we should do so, inasmuch as the preventive measures recommended involve nothing that is not professionally well known. It is the setting forth officially, as it were, the difficulties that bar the way to the adoption of those measures, which gives the Health Officers' Memorandum its chief interest and value. The burden of their complaint is the want of means to enable them to do what they know ought to be done. They want information of the existence of the disease in their districts directly it appears, but they cannot get it, unless by an occasional act of courtesy on the part of some Poor-law or dispensary medical officer: of private cases they hear nothing. They want more power, for a variety of important purposes, than the existing laws give them. They say that without adequate nursing assistance, "houses of refuge" to which the healthy inhabitants of an infected house might be sent, public mortuaries for the reception of the dead, proper vehicles for the removal of the sick and provision for their prompt disinfection, and sufficient hospital accommodation, their labour is in vain. And lastly they want money, without which their efforts are paralysed. They ask, further, that the Diseases Prevention Act should be put into operation by order of the Privy Council on any severe outbreak of scarlet fever in London, evidently because the Act, when in operation, gives them powers they do not otherwise possess.

This, then is the *gravamen* of the metropolitan officers of health, presented at a time when, if ever, it should demand the very serious and immediate consideration of the Privy Council and the Government.

* Changes have lately been made in the constitution of these districts, but for comparative purposes those changes have been disregarded in the above table, which therefore exhibits the facts for each district as it was constituted before any such changes were made.

Correspondence.

"Audi alteram partem."

AMENDMENT OF THE MEDICAL ACTS: THE BIRMINGHAM MEMORIAL.

To the Editor of THE LANCET.

SIR,—I have taken note of your important suggestions, in one of the leaders in the current LANCET, touching the presentation of our memorial to the Government. I enclose a letter (for publication) which I addressed four months ago to Mr. Simon. With yourself, I attach the greatest weight to the influence of the Medical Officer to the Privy Council; and if it be deemed advisable that I should communicate further with him, any suggestion from yourself or other competent adviser shall have my best attention.

On the desirability of rightly impressing her Majesty's Government with the moral force represented by the con-

current views of the great body of memorialists, I take it no difference of opinion can exist.

I am, Sir, your most obedient servant,

BELL FLETCHER, *Chairman*,
Senior Physician to the General Hospital.

Birmingham, Nov. 8th.

To John Simon, Esq., F.R.S., Medical Officer to the Privy Council.

7, Waterloo-street, Birmingham, July 10th, 1869.

SIR,—I have the honour to forward you a copy of a memorial which I presented to the General Medical Council on Wednesday last. That memorial has now received the signatures of 7080 (seven thousand and eighty) qualified medical and surgical practitioners in the three kingdoms. During the past week the daily average of assents received has been nearly 500, and I have reason to believe that in the course of the ensuing week the memorial will have received the signatures of upwards of 9000 qualified practitioners.

The memorial was determined upon at a meeting of which I was the chairman, held in the Council-room of the Institute on the 17th ult., several days before your communication to the President of the Medical Council touching the amendment of the Medical Acts was made known. I am anxious to call your attention to that date to prove that, on totally independent grounds, those who have signed the memorial, to the extent of many thousands, have arrived at the same conclusion as the President of the Council and yourself, that the Medical Act stands in need of comprehensive amendment.

I am charged with the presentation of a duplicate of the memorial enclosed to Her Majesty's Secretary of State for the Home Department; and as I do not doubt that, before introducing the desired Bill into Parliament, Her Majesty's Government will ask your opinion upon it, I have deemed it incumbent upon me to acquaint you with the views of the memorialists whom I am charged to represent.

I have the honour to be, Sir,
Your obedient servant,
BELL FLETCHER.

To this communication Mr. Simon forwarded a courteous reply.—B. F.

OZONIC ETHER AS A REMEDY IN DIABETES.

To the Editor of THE LANCET.

SIR,—Your issue of the 13th of March contains a letter from Dr. Pavy "On the Alleged Efficacy of the Peroxide of Hydrogen and Ozonic Ether as Remedial Agents in Diabetes Mellitus," in which he endeavours to prove, by a rather formidable array of figures, that my views regarding the destruction of sugar in the blood of diabetics by the oxidising agency of ozonic ether are altogether incorrect and untenable.

Dr. Pavy quoted a passage from my paper "On the Use of Etherial Solution of Peroxide of Hydrogen (the correct name for ozonic ether) as a Remedy in Diabetes," published in THE LANCET for Jan. 11th, 1868. Not expecting that the subject would excite much attention, I did not, I fear, sufficiently explain my views regarding the chemical changes which occur when peroxide of hydrogen is thrown into the circulation, as it rapidly is when given in the form of ozonic ether.

According to the teachings of Schönbein, peroxide of hydrogen consists of water and antozone (HO + Antozone); and he believes that blood-globules, when brought into contact with peroxide of hydrogen, possess the property of transforming its antozone into ozone. Now, assuming these views to be correct, and I confess to a firm belief in them, it is evident that Dr. Pavy's calculations are based on false premises; for it isozone, or oxygen in a state of exalted activity, and not atmospheric or neutral oxygen, which is liberated in the blood. Moreover, it is highly probable that the presence of sugar in the blood gives rise to morbid irritability of the sympathetic, and consequent contraction of the capillaries—a condition which would account for the chilly state of the body so constantly complained of by diabetic patients.

Now, ozonic ether, as prepared by Mr. Robbins, is a compound of absolute ether and peroxide of hydrogen (thirty volumes); and I believe that indirectly the ether itself very materially assists in promoting oxidation of the sugar in diabetes. 1st. By virtue of its anodyne properties, it probably allays the irritable condition of the sympathetic, and thus favours the process of oxidation by relaxing the capillaries. 2nd. From some experiments I have recently been trying, I have reason to believe that, at the temperature of the body, ether, when combined with water, possesses the property of chemically acting on atmospheric or neutral oxygen, and of converting a portion of it into ozone and antozone. However, these are points on which I do not presume to speak with any degree of confidence.

I am, Sir, your obedient servant,
JOHN DAY, M.D., M.R.C.S.E.

Yara-street, Geelong, Victoria, May 22nd, 1869.

ON MECHANICAL ASSISTANCE DURING LABOUR.

To the Editor of THE LANCET.

SIR,—After your report of the proceedings of the Obstetrical Society, in THE LANCET of October 16th, I am surprised to see, in the last number of your journal, that Dr. Woodward persists in adopting as his own idea peculiar advantages which I had enumerated and claimed for an instrument exhibited by me at the same Society four months ago.

Having pointed out, both publicly and privately, in Dr. Woodward's presence, that his invention, however efficient as a "back-supporter," could not accomplish the objects which my "pelvic band" effects, I certainly am astonished to find that he still adopts them.

This he has done without reference to me, and almost in the very terms I employed in July in describing the advantages of my instrument, at the meeting of the Obstetrical Society, and subsequently before the British Medical Association at Leeds.

I am, Sir, your obedient servant,
PROTHEROE SMITH.

Park-street, Grosvenor-square, Nov. 8th, 1869.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

THE Birmingham guardians are again in trouble with the Poor-law Board. The relations between the two bodies have not been happy for some time; and this is not surprising, considering that the guardians have a way of deciding upon important measures without obtaining the consent of the authorities at Whitehall. Early in the year, the number of parish surgeons was reduced in this independent fashion, and the reduction is still unconfirmed. More recently, the guardians decided that it was necessary to provide accommodation for double the present number of male epileptic inmates, and forthwith they obtained plans and took steps to erect the necessary buildings. The Poor-law Board have just refused to authorise the outlay for these buildings, for the very sufficient reason that room can be made for all the epileptic inmates by a less expensive plan than the erection of a new building to accommodate 200 male epileptics, while the average number of male and female cases in the house does not exceed 170. At this rate, the local government would prove an expensive luxury, if no central government existed. While thus lavish with their funds in one direction, the guardians are creating a new difficulty by their economy in another. Early in the year, the office of public vaccinator was created, and Dr. Robinson, for many years resident medical officer of the workhouse, was appointed. At the time it was estimated that the fees would amount to some £500 per annum, but experience has shown that this estimate was too high, and that the income cannot for many years reach that sum. Under these circumstances, Dr. Robinson has very naturally asked the guardians to bear the expenses of the vaccination stations; but at present they have not done so, although the Poor-law Board, at the time of the appointment, considered that such expenses should fall on the guardians. The non-appointment of an

Inspector of Vaccination, as provided for in the Act of Parliament, also occasions extra work to the public vaccinator. The Poor-law Board may have to solve this difficulty in addition to the others, and if so, it is to be hoped that nothing will be allowed to obstruct the efficient working of the Vaccination Act.

Birmingham, Nov. 8th, 1869.

THE COLLEGE OF SURGEONS.

At the meeting of the Council of the College on Thursday last, the 11th instant, Mr. Hancock's motion respecting the formation of a separate Board of Examiners in Anatomy and Physiology was brought forward and discussed. An amendment was moved simply affirming the desirability of such a board, but this was lost, and the whole question was ultimately referred to a committee. Mr. Erichsen's motion to legalise meetings of the Fellows within the College was also brought forward and elaborately discussed, the feeling of all the members of the Council being in favour of it. An amendment to include the Members as well as the Fellows was lost, and this question was eventually also referred to a committee. We shall discuss these important questions more fully next week.

At the same meeting a motion of Mr. Simon's, on the present scarcity of subjects in the London schools, was referred to the President and Vice-Presidents; and notices of motion for the next meeting were given by Mr. Charles Hawkins and Mr. Simon on the constitution of the Court of Examiners, and by Mr. Gay on the admission of reporters to the meetings of the Council.

Medical News.

University of London.—The following gentlemen passed the recent second M.B. examination:—

First Division.

Baxter, Evan Buchanan, King's College.
Buck, Thomas Alpheus, Guy's Hospital.
Dessé, Ethelrid, University College.
Dukes, Clement, St. Thomas's Hospital.
Gowers, William Richard, University College.
Hall, Francis De Havilland, St. Bartholomew's Hospital.
Marshall, Henry Flamank, Birmingham General Hospital and University College.
Rayner, Edwin, B.A., Paris, and University College.
Snow, Herbert Lumley, Queen's College, Birmingham.
Stocker, James Reginald, Guy's Hospital.
Thomas, John Davies, University College.
Willoughby, Edward Francis, University College.

Second Division.

Black, John Gordon, College of Medicine, Newcastle-on-Tyne.
Blackley, John Galley, Royal Manchester School of Medicine.
James, John, University College.
Seccombe, Edward Hepburne, King's College.
Smith, Charles James Hardy, University College.

Royal College of Surgeons of England.—The following gentlemen passed their primary examination in Anatomy and Physiology at a meeting of the Court of Examiners held on the 9th inst.:—

W. Bell, C. A. E. Sheaf, and R. L. Tait, of Edinburgh. C. E. Whittington and N. Kiddle, of Guy's Hospital. B. J. Shaw and H. P. Deacon, of St. Bartholomew's Hospital. H. Williams and R. Mason, of St. Thomas's Hospital. G. H. Whitaker, of Glasgow and University College. G. H. How, of King's College. R. Cory, of Cambridge and St. Thomas's Hospital. J. Thompson, of Charing-cross Hospital. J. J. Macan, of St. Bartholomew's Hospital and Cambridge. J. E. Brookes, of Birmingham. E. Skinner, of Sheffield and University College. W. Benton, of Leeds. G. R. Daphtary, of Bombay. W. L. Mayer, of London Hospital.

Eleven other candidates were admitted to examination, but failed to satisfy the Court, and were referred for a period of three months' further anatomical study.—The pass examination for the Membership of the College commenced on the 12th inst., and it is stated that the number of candidates is greatly in excess of the corresponding period of last year.

Apothecaries' Hall. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 4th:—

Bennett, Frederick Charles, The Close, Salisbury.
Leigh, John Thomas, St. Ives, Hunts.
Robinson, Charles Augustus, Kingston, Jamaica.

As Assistant in Compounding and Dispensing Medicines:—

Burns, Henry Foster, Blackman-street, S.E.

The following gentleman also on the same day passed their first professional examination:—

Birt, George Cooney, Guy's Hospital.
Pugh, Edgar Joseph, University College.

Royal College of Surgeons in Ireland.—At the examinations held on the 23rd, 27th, 28th, and 29th ult., the following gentlemen obtained the licence to practise Surgery:—

Adey, Frederick Capel.
Barrett, James M.
Bourke, Geoffrey.
Brown, David.
Byron, Gerard.
Condon, Richard.
Coppinger, Charles P.
Donaldson, William.
Fenton, Mark.
Fetherstonhaugh, Cuthbert.
Fitzgerald, Francis.
Furlong, Nicholas.
Gubbins, Joseph.
Isdell, Vandaleur.
Jackson, Charles.
Johnston, Charles.
Kelly, Daniel.
Kennefick, John.
Le Bobinnec, Ferdinand.
Marshall, John.
Murtagh, Edward.
O'Brien, Michael.
Parsons, George.
Purcell, Herbert.
Robinson, William.
Stoney, Hugh B.
Taylor, Edward.
Tellet, Frederick S.
Thompson, Thomas John.
West, William.
Woods, Oscar.

The Society for Relief of Widows and Orphans of Medical Men.—The half-yearly general meeting was held October 27th at the rooms of the Society, Berners-street. The chair was taken by the President, Dr. Burrows. A short statement was read by the Secretary, from which it appeared that ten members had been elected since the last general meeting; five additional widows and twenty-one children had made applications for relief. The actual receipts from 1st January to 30th June had been £1608, the expenditure £1379 10s. The grants made to the widows and children amounted to £1250 10s. for the half year, the expenses to £129. There are at present fifty-six widows and forty-three children receiving assistance, in sums varying up to £50 per annum for each widow, according to her need, and £25 per annum for each of the children. The President, after acknowledging a vote of thanks to himself and the Court of Directors, expressed his regret at the small attendance of members at the general meetings, although it was in itself a proof of the confidence placed in the officers; still he much wished the members would show more interest in the affairs of the Society by appearing in greater numbers at the half-yearly meetings.

Medical Appointments.

Affleck, J. O., M.B., has been appointed Assistant Professor of Medical Jurisprudence in the University of Edinburgh.

Armstrong, J., M.B., has been appointed an Assistant Medical Officer to the Liverpool Ladies' Charity and Lying-in Hospital.

Ashton, J. H., M.R.C.S.E., has been appointed Medical Officer for the 1st South-eastern District of the Freebridge Lynn Union, vice P. C. Shephoard, M.R.C.S.E., resigned.

Burton, J. E., L.R.C.P.L., has been appointed Assistant Medical Officer to the Ladies' Charity and Lying-in Hospital, Liverpool.

Davis, J., M.R.C.S.E., has been elected President of the newly-formed Sunderland Medico-Chirurgical Society.

Davies, N. E., M.R.C.S.E., has been elected Medical Officer for the Sherborne District of the Sherborne Union, vice R. B. Hawkins, M.R.C.S.E., resigned.

Dickson, J. E., M.D., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Broughshane Dispensary District of the Ballymena Union, Co. Antrim, vice Edward Patman, C.M., deceased.

Fripp, H. E., M.D., has been re-elected Physician to the Bristol General Hospital, on the expiration of his term of office.

Given, Dr. G. K., has been appointed Medical Officer and Public Vaccinator for the Cloghan Dispensary District of the Stranorlar Union, Co. Donegal, vice Knox, resigned.

Greaves, C. H., M.R.C.S.E., has been appointed Surgeon to the Stafford County Prison, vice R. Hughes, F.R.C.S.E., resigned.

Gregory, C. F., M.R.C.S.E., has been appointed Medical Officer for District No. 6 of the Sevenoaks Union, Kent, vice R. Geere, M.R.C.S.E., deceased.

Hazlewood, A. O., M.R.C.S.E., has been appointed Medical Officer for the Castleton District of the Chapel-en-le-Frith Union, Derbyshire, vice J. Winterbotham, M.R.C.S.E., resigned.

Jones, E. S., L.R.C.P.Ed., has been appointed Surgeon to the Great Western and Bristol and Exeter Railways Provident Society, Weston and Clevedon Branch, vice J. Stringfield, M.R.C.S.E., deceased.

Kitchener, T., M.D., has been appointed Medical Officer and Public Vaccinator for the Workhouse and 2nd Division of District No. 1 of the Chippenham Union, Wilts, vice Wm. Henry Colborne, M.D., deceased.

Knight, C. F., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Hornton District of the Banbury Union, vice P. J. O'Neill, L.R.C.S.I., resigned.

LITTLE, E. M., L.R.C.P.I., has been appointed Medical Officer and Public Vaccinator for District No. 2 of the Chippenham Union, vice W. H. Colborne, M.D., deceased.

LIPSCOMB, J. T. N., M.D., has been appointed Surgeon to St. Albans Gaol, and Medical Visitor to the Harpenden Hall Lunatic Asylum, vice J. T. Lipscomb, M.R.C.S.E., deceased.

MOORE, Mr., has been appointed Surgeon to the Hospital for Women, Soho-square.

MOXEY, D. A., M.D., M.R.C.P., has been appointed Honorary Physician to the St. Pancras and Northern Dispensary.

NASON, J. W. W., M.B., has been appointed Resident Clinical Assistant at the Hospital for Consumption and Diseases of the Chest, Brompton, vice R. W. Foss, M.B., whose period of office had expired.

PEMBERTON, C. L. H., M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Cropredy District of the Banbury Union, Oxfordshire, vice S. Chesterman, M.R.C.S.E., resigned.

PUGHE, D. E., M.R.C.S.E., has been appointed Medical Officer for the Llanwrin District of the Machynlleth Union, Montgomeryshire, vice D. Campbell, M.D., resigned.

REILLY, M. F., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Wigan District and the Workhouse of the Wigan Union, Lancashire, vice T. J. Heaton, M.R.C.S.E., and R. Winstanley, M.R.C.S.E.

SPACKMAN, W., M.D., has been appointed Medical Officer for the Wombourn District of the Seisdon Union, Staffordshire, vice E. F. Dehane, F.R.C.S.E., deceased.

STEEL, S. H., M.B., has been appointed Medical Officer for the Workhouse and the Abergavenny District of the Abergavenny Union, vice Hansby, deceased.

TERRY, W. F., M.R.C.S.E., has been appointed Medical Officer for the Tiverton East and Washfield Districts and the Workhouse of the Tiverton Union, vice E. C. Ashford, L.R.C.P.Ed., resigned.

WALLACE, J., M.D., has been appointed Hon. Assistant-Physician to the Liverpool Ladies' Charity and Lying-in Hospital.

WARBURTON, J. W., M.R.C.S.E., has been appointed an Assistant Medical Officer to the Liverpool Ladies' Charity and Lying-in Hospital.

WHITE, F., M.R.C.S.E., has been appointed an Assistant Medical Officer to the Liverpool Ladies' Charity and Lying-in Hospital.

Births, Marriages, and Deaths.

BIRTHS.

BULL.—On the 30th ult., at Hereford, the wife of H. G. Bull, M.D., of a daughter.

EAMES.—On the 25th of Sept., at Ascension, the wife of Dr. Eames, R.N., Surgeon in Charge, of a son.

HATHERLY.—On the 30th ult., at Nottingham, the wife of Dr. H. R. Hatherly, of a son.

KERR.—On the 6th inst., at Buccleuch-street, Dumfries, the wife of W. S. Kerr, M.D., of a son.

OLIVER.—On the 28th ult., at Broughton-in-Furness, the wife of John R. Oliver, M.R.C.S.E., of a daughter.

POOLE.—On the 25th of Sept., at Peshawur, Affghanistan, the wife of Surgeon Geo. Kenneth Poole, M.D., 18th Bengal Cavalry, of a son.

RHODES.—On the 4th inst., at Great Horton, Bradford, the wife of F. Rhodes, M.D., of a daughter.

RUSSELL.—On the 10th inst., at Oakfield House, Accrington, the wife of W. S. Russell, M.R.C.S., of a daughter.

SWALLOW.—On the 4th inst., at Kennington-park-road, the wife of J. D. Swallow, M.D., of a son.

MARRIAGES.

EVANS—GALLAGHER.—On the 4th inst., at St. Chrysostom's, Liverpool, Thomas Walter Evans, M.R.C.S.E., L.S.A., of Heyworth-street, Everton, to Margaret, younger daughter of William Gallagher, Esq., of Everton.

JONES—WYBURN.—On the 30th ult., at St. George's, Hanover-square, W., W. H. Jones, M.D., of Harley-street, W., son of Dr. S. Haden-Jones, of Stone House, Wellington, Salop, to Clara, youngest daughter of the late James Wyburn, Esq., of Rochester-terrace, Bayswater, and of Surbiton, Surrey.

DEATHS.

ASHWIN.—On the 3rd inst., at Abergavenny, Charles Manley Ashwin, M.R.C.S., L.S.A., aged 81.

BURNHAM.—On the 21st ult., at Keelby, George Burnham, M.R.C.S., L.S.A., aged 41.

BYWATER.—On the 30th ult., T. E. G. Bywater, M.R.C.S.E., of Knottingley, Yorkshire, aged 30.

COOPER.—On the 30th ult., J. P. Cooper, M.R.C.S.E., of Harley-place, Bow-road, aged 41.

DAY.—On the 28th ult., Thomas Day, M.R.C.S.E., of Lowdham, Nottinghamshire, aged 69.

LESTER.—On the 1st inst., at Blackheath, C. S. Lester, M.D., Surgeon R.N.

PICKWORTH.—On the 26th ult., James Pickworth, M.R.C.S.E., of Billingborough, Lincolnshire, aged 86.

BOOKS ETC. RECEIVED.

Dr. E. Kennedy on Hospitalism and Zymotic Diseases.
Dr. Stone: Novus Thewtetus.
Dr. Thudichum on Polypus in the Nose and Ozæna.
Dr. Shettle: a brief Paper on the Pathology of Insanity.
Dr. Kirkes's Handbook of Physiology.
M. L. F. E. Bergeret: Des Fraudes dans l'Accomplissement des Fonctions Génératrices.
Dr. T. Andrews on the Continuity of the Gaseous and Liquid States of Matter.
Dr. Bennet's Winter and Spring on the Shores of the Mediterranean.
&c. &c. &c.

Medical Diary of the Week.

Monday, Nov. 15.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Marshall, "On a Case of Vesicular Mole," with Specimen.—Dr. Hy. Dick, "On a New Knife for Surgical Operations."—Dr. Hawksley, "On the Stetho-Sphygmograph, for Aiding Physiological and Pathological Investigation of the Functions of Respiration and Circulation.—Mr. Teevan, "On a Case of Lithotomy."

Tuesday, Nov. 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Mr. J. D. Hill: Diaphragmatic Hernia. Mr. Barwell: Ventral Hernia. Mr. Nunn: Dislocative Rheumatism; Fibrous Tumour over Tibia and Olecranon. Mr. Cayley: Fibrous Tumour of Ovary. Dr. Legg: Cherry-stones retained in Ileum;—&c. &c.
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. J. Campbell, "On Polygamy."—Mr. C. Hamilton, "On the Customs of Kafirs."

Wednesday, Nov. 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.

Thursday, Nov. 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—8 P.M. Mr. F. J. Gant, "On the Treatment of Fracture of the Patella, with Four Cases."

Friday, Nov. 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Nov. 20.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

INCREDIBLE BEHAVIOUR OF A PUBLIC VACCINATOR AT DENTON.

LAST week we expressed ourselves as unable to believe that a public vaccinator would so far forget the dignity of his office and his profession as to revaccinate a child that had just been successfully vaccinated by another practitioner. The admission of the public vaccinator that he did this makes our incredulity no longer possible. He makes little better of the matter by saying that he acted on the wish of the mother. He should have declined to act. But a correspondent, Mr. Aikin, informs us that the mother told him that Dr. O'Brien acted against her wish. On Dr. O'Brien's own admission, he recommended the mother to have it done over again, and said the first vaccination was insufficient. We gather further from the account of the case that Dr. O'Brien entered it in his books for payment. We exceedingly regret that Dr. O'Brien has not been severely censured by the Board. We consider his conduct most unprofessional and undignified.

Kenton.—The fee has been reduced to twenty-five guineas. Our correspondent will see that we fully agree with the general tenor of his observations.

PROPOSITION FOR A MEDICAL SICK CLUB.

To the Editor of THE LANCET.

SIR,—A Medical Sick Club is in course of formation; but the necessary (reliable) data are scanty. If all the members of the profession would write to "Tribune," Royal United Service Institution, Whitehall, London, S.W., stating their ages, and the number of days they were confined to the house from illness or accident in 1868, they would greatly assist in promoting their own interests, as possible members of the Society, and aid the promoters to fix the rates of payment. The premiums will insure against accident as well as sickness, and against death by accident.

I am, Sir, yours truly,

November 10th, 1869. URBAN.

THE ATOMIC THEORY.

THE September and October numbers of the *Quarterly Journal of the Chemical Society* contain a remarkable lecture on the Atomic Theory, delivered in June last by Professor Williamson, of University College. That theory is held, Dr. Williamson thinks, by all chemists, in spite of much mistrust and even positive dislike. Strongly convinced of its truth himself, and viewing it as among the best and most precious trophies which the human mind has earned, his immediate object is to unite the scattered evidences of the doctrine, and give it consistency. The whole recent development of chemistry, he argues, has been in favour of it, and more especially the modern doctrine of molecules; while the theory of radicals, itself an extension of the atomic theory, did much to aid the molecular classification of compounds. Compound atoms were thus found to be analogous to undecomposed atoms, and a great step was thereby gained. For by including in one common term "atom" the smallest particle of those compounds which behave as elements, the word "atom" was deprived of its only objectionable peculiarity, its absoluteness. When Professor Williamson speaks of "compound atoms," the reader begins to be aware that the view of the atomic theory which he defends is not the commonplace one. Now the existence of molecules is proved by all chemical reaction. Moreover, the density of gases and vapours, the phenomena of ebullition, melting, and diffusion, all point towards or confirm molecular weights. Molecules, however, have no *locus standi* in the absence of the atomic theory. They are *physical* atoms; and the opponents of the atomic theory are bound to explain in some other way the facts which point so distinctly to the existence of molecules. As to the actual nature of our elementary atoms, whether they are absolutely indivisible, or whether they are built up of smaller particles—on this point Professor Williamson declares he has no hold at all: "I may say that in chemistry the question is not raised by any evidence whatever.....They may be vortices such as Thomson has spoken of; they may be little hard indivisible particles of regular or irregular form. I know nothing about it."

Mr. Alfred Ebsworth.—We must decline to make the columns of THE LANCET a means of assisting a private speculation, when the usual means of publicity are open to its supporters.

X. Y. Z.—No arrest could be made under the circumstances; but the ordinary legal remedy is open.

Dr. E. H. Frenkolme's (Montreal) interesting case of "Tetanus" shall appear shortly.

PUBLIC AND PRIVATE VACCINATION.

To the Editor of THE LANCET.

SIR,—For some time past I and several of my patients have been annoyed by Mr. Fredk. Hawthorn (one of the public vaccinators) calling at the houses of my patients, and frightening the parents into having their children vaccinated by him, telling them that he is the *only* proper person appointed, and that unless he vaccinates them they will be fined; and when he has found that the operation has already been performed, his behaviour has been very objectionable. The clause in the notice paper—"If you intend to apply to the public vaccinator of your district, I have to inform you that he will attend at the following times and places"—plainly shows that the framers of the Vaccination Act never intended that the public vaccinator should enter the private dwellings of the patients of another medical man, and bully the parents until they consent, or, more properly speaking, are frightened into having their children done there and then.

I wish to give you the particulars of the last case of the kind which has just occurred.

On September 24th, 1869, I attended Mrs. W——, the wife of a farmer, in her first confinement; and on Wednesday last she sent a message by a friend, asking me to let her know when I had some good matter to vaccinate her child, as the registrar had left her a paper. I sent word that the child was rather too young (not five weeks); but that I would attend to it before the three months. To-day the friend comes to me in great distress with the following letter:—

"MY DEAR SISTER,—I have just been very much vexed. Dr. Hawthorn has called this morning to do baby. He said he had received a note about it, and it was his duty to attend to it. I told him Mr. Herbert was my doctor, and I would rather him do her; but he did not seem willing to go, as he said he did them all for this parish."

Upon further inquiries, I find that, before calling, Mr. Fredk. Hawthorn was informed by a neighbour that she was my patient, and had been for several years. When he entered the house, she was in the act of reading the letter containing my message, and she told him the contents. He persisted for full ten minutes, telling her that he was the only proper person, that I should charge her, and that he should do it for nothing, &c. &c.

I think such a breach of professional etiquette and want of gentlemanly feeling deserves to be made public, and I shall feel greatly obliged by you expressing your opinion in your next issue.

Your obedient servant,

Uttoxeter, Oct. 29th, 1869. B. HEYWOOD HERBERT, M.R.C.S.E.

P.S.—I have written to Mr. Hawthorn, asking him to explain and apologise for his conduct in having vaccinated my patient under the above mentioned circumstances, but have received no reply.

*** There can be only one opinion of Mr. Hawthorn's conduct, and of the very temperate character of the above letter. The privileges of public vaccinators are surely great enough without their obtruding themselves on the private patients of other medical men. The Vaccination Act contemplates no such obtrusion, and it is highly reprehensible.

A CORRESPONDENT of the *Bucks Herald* complains that burials are permitted in the churchyard of the parish of Stone in graves which are so imperfectly covered with earth that an effluvium dangerous to health results in hot weather. There is surely a remedy for such a state of things.

Enquirer, (Leeds.)—At the South Kensington Museum.

THE BLACK-LIST.

SINCE publishing the Black-List of the Profession, we have received information from various quarters, showing that to disappear from the Medical Register is by no means synonymous with disappearance from medical life and practice. One person removed from the Register, after being imprisoned in Newgate for perjury, is reported to be practising, with a slight change of name, under the patronage of a Presbyterian minister, who is not ignorant of his antecedents. It is added that he is doing this under the sanction of a degree from a German University. It is not remarkable that this gentleman's practice is of the homœopathic order. We hear of another instance in which, after removal from the Register for forgery and other evil behaviour, the unregistered person is still in practice in a northern county, holds some club appointments, and until lately held public appointments. There is nothing in the present Medical Act to prevent such persons practising. It is lamentable that they should have the countenance of clergymen.

THE *Scotsman* reports that a woman who had frequently been in contact with cattle affected with murrain on a farm in Morayshire, has been herself attacked with a disease which has been pronounced to be murrain.

C. H. R.—Yes, abstracts.

M.D. Glasgow asks for information as to the desirability of San Francisco as a field for medical practice.

THE ROYAL ALBERT HOSPITAL, DEVONPORT.

WE have received from the Chairman of the Committee of the Royal Albert Hospital, Devonport, a certified copy of the minutes relating to the recent decision of the Admiralty with regard to the lock wards, with a request for their publication, to which we are happy to accede in so far as is necessary to the elucidation of the question discussed in our article of October 23rd. The only resolutions of the Committee which it is needful for us to notice are the following:—

"4. That the Committee express an earnest hope, with a view to the efficient working of the Act, that the Admiralty do not contemplate any change which would make the paid medical officer subject to the control of the visiting surgeon.

"6. In case of any difference of opinion, arising out of either the admission or discharge of patients, between the paid medical officer and the visiting surgeon, it should be referred for decision to the Inspector of Certified Hospitals or his deputy, and the surgeon of the week acting on the civil side of the hospital."

In their reply, dated the 18th of October, the Admiralty accept the other resolutions of the Committee; but say—

"3. As regard the resolutions 4 and 6 (printed above), taken in connexion with the opinion above alluded to, their Lordships desire it may be distinctly understood that, having regard to their responsibility for administration of the large amount of money granted by Parliament, they cannot give their concurrence to any view which would in any way limit their right to ascertain that the provisions of the Contagious Diseases Act are properly and efficiently carried out at the stations under their control; they must therefore affirm their right for sending at any time, to any certified hospital provided by them, such officers as they may think best qualified to report to them as to the manner in which the duties are conducted.

"4. Whilst thus, however, asserting and reserving this clear right, their Lordships, in deference to the strong feelings entertained by the Committee, are not disposed at present to appoint the visiting surgeon an assistant inspector, *or to insist upon the visiting surgeon having any control over the medical treatment of the patients*; but they consider the following conditions necessary:—

"5. The visiting surgeon is to have full liberty to visit and inspect the lock wards at any time he may see fit.

"6. No woman is to be discharged within ten days of her admission to the lock wards without the opinion of the visiting surgeon being first taken. In the event of a difference of opinion between the resident medical officer and the visiting surgeon as to the propriety of discharging the patient, to decide which a regulation is proposed in the 6th resolution of the Committee (as set out above), the case shall be referred to the final decision of the Inspector-General of the Royal Naval Hospital at Stonehouse, or, in his absence, to the officer doing his duty.

"7. As regards the selection of the candidates for the appointment of resident medical officer, their Lordships accept the judgment of the Committee, that all applications from candidates and their testimonials shall be investigated in London. But their Lordships consider that this will be best conducted by one well qualified person, and they would propose that Dr. Armstrong, Director-General of the Medical Department of the Navy, should be entrusted with this duty. Three names will be selected by him, out of which the Committee will choose one, to be submitted for the approval of the Board.

"It was resolved on the 19th ult., that the Committee agree to the propositions laid down in pars. 3 to 6 of the letter above set forth. After discussion on the 7th par., the Committee desired to fall back on the first suggestion in their Lordships' letter of the 13th ultimo—viz., that the qualifications of candidates should be investigated at Devonport by the principal medical officer of the Royal Naval Hospital, in conjunction with the Chairman of the Committee, and Joseph May, Esq., the senior consulting surgeon of the hospital.

"This was readily agreed to by their Lordships, and the examination of candidates will take place on, or immediately after, Wednesday, the 3rd November."

SKULL MEASUREMENT.

PROFESSOR CLELAND has brought forward a new method of measuring skulls, and, so to speak, of estimating their "worth." It deals chiefly with the curve of the base of the skull, which is greater in adults than in infants, in males than in females, in civilised than in savage races. In the same paper the author reasserts a fact tolerably familiar to craniologists, but apparently not so to the general public, that "there is no foundation whatever for the supposition that the lower races of mankind have the forehead less developed than the more civilised nations."

ASSISTANTS AND THEIR PRINCIPALS' FRIENDS.

Mr. G. C. Carter.—Our correspondent was not bound to act as the *locum tenens* of his employer's friend; but his acting so was not more than any medical man, assistant or principal, should be ready to do for another. Having done so on request, and without demur or special contract, we do not see how he could claim for his services; and as his claim might be unsuccessful, it would certainly be ungracious. It is right that if gentlemen want their neighbour's assistant to do them a friendly service, they should ask the assistant in question directly. In the present case this was not done. Still, we think, this negligence does not call for the sharp retort of our correspondent.

Pyx.—The Mastership in Surgery of the London University is not specified as a qualification in Surgery by the Poor-law Board in the list of recognised qualifications before us: wrongly, we think, inasmuch as the surgical degrees of the Scotch Universities are recognised.

A Student, (Guy's.)—The subject was referred to in our report.

EXPERIMENTS ON THE PANCREATIC JUICE.

To the Editor of THE LANCET.

SIR,—It is always so desirable in science to keep note of whether new investigations confirm or refute those of older date, that I hope you will permit me just to point out to your readers how completely the "Experiments on Pancreatic Juice" by M. Chauvin and M. Morat, to which you called attention in your impression of Oct. 16th, p. 549, confirm the results of my own experiments, as well as some of those of Bernard and Corvisart, and also the opinion expressed by Dr. G. Harley in 1858. In the Introduction to my work on Tuberculosis, second edition, 1866, occurs the following passage:—

"The operation of the pancreas in the digestion of nitrogenous matters has been principally made known by the persevering experiments of M. Lucien Corvisart, published at various times from 1857 to 1863. But our knowledge of the important functions of this organ in preparing fats for assimilation is almost entirely due to the experiments and researches of Dr. Claude Bernard, first published in the *Archives Générales de Médecine*, 1849, and followed up by him ever since.

"In 1858, Dr. G. Harley read a paper to the British Medical Association ('Notes of Experiments on Digestion'), in which he gave an interesting *résumé* of the knowledge possessed at that time of the physiology of the pancreas, and he expressed an opinion that 'as a remedy in indigestion, pancreatine should be greatly superior to pepsine,' because, as shown by Bernard, Corvisart, and others, it unites in itself the properties of all the other digestive fluids."

In THE LANCET of September 10th, 1864, I referred to the experiments made by myself, with a view of learning whether the presence of the gastric juice in the stomach would interfere with the special properties of the pancreatic juice; the result of those experiments being that "the beef-fat emulsion made with pancreatic juice remained complete after standing two days *mixed with pepsine, hydrochloric acid, and water*." Hence I arrived at the conclusion, contrary to that of Corvisart and others, that pancreatine and pancreatic preparations could be advantageously administered through the stomach without any protecting envelope. (See Squire's Companion to the British Pharmacopœia, fifth edition, 1867, pp. 180—277.) Mr. Squire, however, in the notice referred to, has made a mistake as to my views when he states that "Dr. Lucien Corvisart concludes that pancreatic juice must be *alkaline* to digest food. He also showed that the two substances (pepsine and pancreatic juice), digested together, destroyed the properties of both. Dr. Dobell, on the other hand, contends that the natural state of the pancreatic juice is acid." What I have demonstrated is that the juice may be either acid or alkaline in its fresh state, although always acid soon after removal from the body, but that its acidity or alkalinity has nothing to do with its property of emulsifying fat. (See Proceedings of the Royal Society, No. 97, 1866.) It is not stated in your notice whether MM. Chauvin and Morat arrived at any special conclusions as to the *modus operandi* of the emulsifying property of the pancreatic fluid, and, so far as I am aware, my own conclusions on this point still stand alone, as stated to the Royal Society, as follows:—

"The pancreatic emulsion of fat differs entirely from all other kinds of emulsion of fatty matter, whether chemical or mechanical. All other emulsions of fat are destroyed by ether, the fat being restored at once to its original condition. The influence exerted by the pancreas upon fats, therefore, appears to operate by breaking up the aggregation of the crystals of fat. It alters the molecular condition of the fat, mingling it with water in such a way that even ether cannot separate the fat from the water. A permanent emulsion is thus formed, ready to mix with a larger quantity of water whenever it may be added. The pancreas, therefore, in acting upon fat does *not decompose it into fatty acid and glycerine*; the absence of the glycerine from the watery stratum and the presence of the glycerine in the pancreatised fat of the ethereal solution having been demonstrated."

It is gratifying to find that, in a clinical point of view, MM. Chauvin and Morat "have obtained remarkable results with the aid of pancreatic juice and extract," and thus add new and independent confirmation to the importance of the clinical facts which I have so often brought forward on this point.

I am, Sir, yours, &c.,
Harley-street, October 18th, 1869. HORACE DOBELL, M.D.

LECTURING EXTRAORDINARY.

WE have received a Glasgow paper containing the following advertisement:—

"LECTURES ON THE EYE.—Dr. David Smith (for many years the assistant of the late Dr. Mackenzie) will deliver a course of twelve lectures on the Diseases and Operative Surgery of the Eye, in the Hall of the Young Men's Christian Association, 250, George-street. Introductory lecture on Monday, 22nd Nov., at 6 P.M. Subject—'The Philosophy of Vision.' Fee for the course, one guinea."

The ophthalmologists of Glasgow seem to be an adventurous race, and to be fired with an ambition to surpass one another in questionable procedures.

E. C. R.—Dr. H. Helsham published a paper "On the Evils of Intermarriage among Relatives," in 1863.

ARE OBSTETRIC ENGAGEMENTS CONSIDERED LEGAL CONTRACTS?

Cotswold.—There have been two or three decisions, at least, in the County Courts, affirming that an engagement to attend a labour is a legal contract, and giving the fee agreed upon, although some one else was eventually sent for. When a man accepts an obstetric engagement, he remains in town, he keeps in the way, and in a certain measure curtails his liberty of action in expectation of having to fulfil what he has undertaken; so that, although never called upon, he has in reality incurred responsibility, and been put to inconvenience. The claim for the fee is, therefore, not only legal, but equitable.

A. B., (Kirton, Boston.)—The work in question is curious and interesting as a relic of the past, and as such might be deemed valuable by a person interested in collecting books of the kind.

Mr. Settle (Stockton-on-Tees) will see that his request was anticipated in our last number.

A SAD CASE.

To the Editor of THE LANCET.

SIR,—In my great distress, you will oblige me very much by inserting this letter in your columns. As the widow of a surgeon and daughter of a physician, perhaps you will confer this favour.

My late husband, Herbert Beck, Surgeon, &c., died on the 26th of last month at Alderney, after an illness of nearly twelve months. He left me with four children, totally unprovided for, entirely dependent on my exertions for support. As yet I have been unable to obtain any situation, and am in a state of absolute poverty; the little money I was enabled to save will soon be exhausted. I had hoped to have been able to have obtained a presentation for my eldest son, twelve years of age, for the Benevolent College at Epsom, and to have got my second son, aged eight years, into the London Orphan Asylum; but the expenses necessary to obtain these objects are far beyond my means. My youngest son, five years of age, is, I trust, provided for. My object in writing this letter is to ask whether the medical profession cannot assist me in obtaining some situation which will enable me to maintain myself, and give my children an education sufficient to launch them into the world with some chance of success. I feel sure my sad position will be entertained by them when I tell them I am penniless! and implore their sympathy in my bitter, bitter trial! My case is well known to, and can be recommended by, the Right Rev. Bishop Regan; the Rev. W. Ross, Alderney; Dr. Murray, Royal Artillery; J. Jackson, Esq., M.R.C.S., Highbury; General Sir William Gordon, United Service Club; and D. Gibbons, Esq., Military Store Staff, Alderney.

I remain, Sir, yours respectfully,
14, Lonsdale-square, Islington, Oct. 22nd, 1869. ELEANOR S. BECK.

X. Y. Z.—In answer to our correspondent's first inquiry as to "whether the qualification of Lic. Midwif. R. Coll. Surg. Eng. has appeared *singly* and *solely* as a qualification in the Medical Register," we have to state, after careful research, that the "qualification" did *so appear* in the Medical Register for the years 1862, '3, '4, '5. In reply to the second inquiry, as to whether the licence in Midwifery granted by any other College has been registered under similar circumstances, our reply is in the *negative*; but we believe that the licence in question will for the future be granted only to members of the College of Surgeons.

Mona.—We fear not.

Clinical Thermometer.—Our correspondent should refer to Dr. Tanner's Manual of Clinical Medicine, and the work of Wunderlich on the subject of Thermometry in Disease.

Lex.—A month is usual; but this would depend upon the agreement.

Audax.—Next week.

A QUERY.

To the Editor of THE LANCET.

SIR,—Permit me, through the medium of your journal, to ask Mr. H. D. Reynolds, who published in your last number a case of suppression of urine treated by the external use of digitalis, to what part of the body he applied the pulped leaves or poultice. Yours obediently,
November, 1869. TYRO.

THE *City Press* can afford to refer complacently to the superior cleanliness of the streets within the jurisdiction of the City authorities. It actually appears that under the improved system of scavenging, the adoption of which we noticed some time ago, the work is not only better done, but costs less money than before. The reign of mud has commenced, and west of Temple-bar it is despotic enough. To hope that our vestries will do anything to mitigate it, is, we fear, a forlorn hope indeed.

Enquirer.—Yes.

Anti-Materialist, (Paris.)—The instrument that has so much shocked our correspondent is very well known to the profession. It was invented by Dr. Marion Sims, and is described and figured in his work on the Surgical Diseases of Women; where also will be found details of cases in which it has been employed, and full instructions for its use. The subject attracted a good deal of attention when the book was first published, and is now somewhat out of date.

A CORRECTION.

Sheffield, Nov. 9th, 1869.

GENTLEMEN,—I am much surprised on looking over THE LANCET of Oct. 30th to find you have taken advantage of a misprint in my advertisement in the *Sheffield Telegraph*—viz., Mrs. in place of Mr. E. Bunting, and that my profession is surgeon-dentist, and for which purpose I have studied for, and honourably obtain'd my diploma from the Imperial Academy of Medical Surgery of St. Petersburg, consequently I hope I may *without ridicule* practice and also advertise, and at "moderate terms" if I choose.

I beg you as gentlemen to give me space in your columns for this letter, so that all may be rectified, as many of my medical friends with myself are quite indignant.—Faithfully yours,
ROBT. BUNTING, M.I.A.S. of St. Petersburg.

To the Administration of THE LANCET, London.

*** We humbly apologise to *Mr.* Bunting.

DEEP-SEA LIFE.

DR. CARPENTER'S recent investigations during his deep-sea dredging expedition have brought to light some new facts of great scientific importance. They teach us that the bottom of the deep ocean is the home of many creatures, who live there in the absence of light, under great pressure, in water often excessively cold—just above freezing point,—abounding in carbonic acid and in organic matter. Of these influences, the one which makes itself most felt is that of cold. It is this, and not the pressure, not the want of bright sunlight, that stunts the creatures, and makes them reproduce at the bottom of equatorial seas the fauna of arctic surface regions. Nor is the life at these depths confined to low-born Foraminifera, or to that wonderful protoplasmic Bathybius, which Professor Huxley told the British Association at Exeter he had now found in soundings from many quarters of the globe, and which therefore seems to be a vast thin sheet of living matter enveloping the whole earth beneath the seas. Where, as in certain regions, the deep waters are warm, highly organised beings, of bright colours and well-appointed eyes, are brought up by the dredge. At these great depths there is no vegetation properly so called; and Professor Wyville Thomson, who is associated with Dr. Carpenter in these researches, is of opinion that here the lowest living beings feed on the lifeless organic matter which exists in so large a quantity in the water. We seem here to be near the transition from complex lifeless proteid matter and living protoplasm. The exact condition and nature of this organic matter is of extreme importance, and we learn from the *Academy* that a distinguished chemist is about to make it the subject of an inquiry. There is another point of no less interest. These organisms, which are thus building up chalk strata (for this deep Atlantic ooze is nothing but incipient chalk) at the bottom of the ocean are, to a very large extent, identical with many of the remains found in the chalk formations. This is so much the case that we may speak of races of animals building the old hills of millions of years ago, and laying now the foundation of chalk hills of times to come, themselves remaining unchanged all the time between.

A SURE WAY TO SPREAD INFECTION.

THE occupier of a house in Clerkenwell has been fined twenty shillings and costs for letting two rooms, from which children ill with scarlet fever had been removed, to another family without first having the rooms disinfected. Only half an hour had elapsed between the departure of the one family and the entrance of the other. Who can wonder at the spread of infectious diseases when such gross and wicked negligence or indifference is displayed?

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—My reply to Mr. Firth's statement in your journal of October 23rd shall be as brief as it is possible for me to make it; and directing myself at once to his first grievance—namely, that I saw his patient during his absence, I have simply to add to his own account, as you have published it, that, acting upon the instructions delivered at my house, I drove straight from London to Mr. Fanaker's house. I took with me in Colonel Paine's carriage (who had driven me from London) Mr. Shaw, and went with him to a patient's house, who, he told me, some days before was anxious to see me. Upon discovering that we had made a mistake, we drove to Captain Bulmer's, and it was then we learned that Mr. M—— was the patient, and Mr. Firth the medical attendant. My instructions to Colonel Paine's coachman at once were to take Mr. Shaw to his own house, and then go on to Mr. Firth's residence, while I remained waiting for that gentleman. Colonel Paine peremptorily refused to allow his coachman to fetch Mr. Firth; and, apart from the late hour (11.30 P.M.), I was quite incapacitated physically from walking to Mr. Firth's house and back, a distance of two miles and a half—such incapacity arising from the circumstances that I had been up nearly the whole of the night before at Horncastle, in Lincolnshire, that I had very early that morning travelled from that town, and that I had done a hard day's work after my return to London. Therefore, to conclude this point, I have simply to say that if the same case were to happen again to-night, under *precisely* similar circumstances, I should adopt precisely the same course.

My reply, Sir, to Mr. Firth's second grievance—namely, that I gave an opinion that the man was dying of typhus, will be a condensed narrative of the history I received from the patient's wife on my arrival at his house. Eleven days before my visit, Mr. M——, while at his work, was taken ill, and returned home, at which time he had a prolonged rigor, followed by unusual weakness and soreness all over him. Next morning, at 3 A.M., vomiting and most intense headache, white tongue, and constipation. Mr. Firth at this time leeched and purged him, *the leeching resulting in a profuse loss of blood*. A few hours subsequently his tongue began to turn brown; delirium and gradually increasing prostration ensued; these conditions becoming aggravated until my visit, when I found him lying in bed, nearly wholly unconscious, picking at the bed-clothes; his skin hot; pulse rapid and fluttering; mouth, tongue, and teeth covered with thick black sordes, and completely dry. Upon his chest and abdomen were a number of well-marked spots, raised above the skin, irregular in shape, and of a dusky colour. His belly was enormously distended by his overloaded bladder, the fundus of which I detected an inch and a half above his umbilicus; urine was dribbling from his urethra, and this his wife informed me had been going on for thirty-eight hours. Having arrived at the conclusion that I was dealing with a case of typhus, in reply to the question put to me by the patient's wife, "Will my husband recover, Sir?" I said, "I have no doubt, Ma'am, your husband is suffering from that severe form of typhus fever which has been so prevalent in this part of London lately. I am sorry to tell you that in a very short time this disease will destroy his life, and *then* I advise you (having regard to the facts that 'you are pregnant, and that you have five little children huddled together in this small and unhealthy place'), *as soon after your husband's death as it is possible*, to remove from this house." With this advice my visit ceased, and I returned home.

Now, Sir, I maintain that the cause of this man's death *was typhus*. That he may previously have been the subject of phthisis I do not deny; but the statement of Mr. Firth, that he actually died of phthisis, I do most positively contradict; and it is a curious circumstance bearing on this point, that Mr. Firth and Dr. Johnson, M.D., M.C., of the Meath Hospital, should treat a case of phthisis, aggravated by neuralgia and exhaustion, by leeching and purging, and further, I submit that for these conditions this treatment was, to say the least of it, *exceedingly novel*.

One word, Sir, concerning Mr. Firth's "*watchful particularity*." Would the same watchful care, Sir, have allowed a rich wharfinger of Rotherhithe, instead of the rich man's labourer (Club patient paying 4s. a year or so), to have laid for these long thirty-eight hours with a bladder full to bursting? Would not a catheter have been used?

Now, Sir, to conclude. I do most positively deny that I ever made use of any such expression as "black typhus fever," &c. I do most positively deny that *any such conversation as Mr. Firth has reported to you ever took place between us*. He has most untruthfully reported the conversation that passed at our interview in the road at Rotherhithe on October 8th. And finally, I deny that I was guilty of an unjustifiable act in advising Mrs. M—— to remove herself and her children from the house, seeing that I had myself witnessed within a short distance of M——'s house, but a few days previously, two cases of severe typhus of an undoubtedly contagious character.

The above is my reply to Mr. Firth's statement. I have simply to add that should you in the exercise of your discretion see fit to publish any number of letters from that gentleman, I shall decline to reply to them. I have neither the time nor the inclination to enter into a paper war with him.

I remain, Sir, yours faithfully,

Finsbury-square, October 29th, 1869. JAMES PALFREY.

To the Editor of THE LANCET.

SIR,—I have read with great astonishment the letter which appeared in your impression of the 23rd ult. Mr. Firth there states that "from the first I had little hope of saving life." Can Mr. Firth seriously ask us to believe this statement? when only *three days* before poor M——'s death I was requested by our firm to see Mr. Firth, and obtain from him a candid opinion as to the man's real condition. I had an interview with Mr. Firth, and requested him at once to tell me if M—— was in any danger. Mr. Firth's reply was clear and distinct. He assured me there was no danger, and that he fully expected in a few days the man would be all right again. Which of the two statements, Sir, does Mr. Firth wish us to believe? For it is a matter of no little importance, should any future case of the kind arise, that we may have an opportunity of obtaining for our men, should we think wise to do so, a second opinion. Certainly Mr. Firth's contradictory statements perfectly bewilder us.

In simple justice to Dr. Palfrey I have sent you this note.

I am, Sir, yours truly,

W. G. BAKER,
Cashier to Peter Rolt and Co.

Acorn Wharf, Rotherhithe, Nov. 1st, 1869.

INTERMARRIAGE OF COUSINS.

THIS subject has still to be scientifically determined. An American article in the *Quarterly Journal of Psychological Medicine and Medical Jurisprudence*, by Dr. Allen (and which probably could be had from Trübner and Co., for it is published separately), may be consulted. See an article in the *Westminster* for July, 1863; and one in the *Edinburgh Medical Journal* for January, 1862.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir J. Y. Simpson; Prof. Gamgee, Birmingham; Dr. Ogle; Mr. Marshall; Dr. Maudsley; Dr. Tilt; Dr. Hassall; Mr. Eastes; Mr. Henry Mayhew; Mr. Carpenter; Mr. Grieve; Dr. Warner; Dr. Laverick, Hinderwell; Mr. Christopherson, Wadebridge; Mr. Plumbe; Mr. Safford; Mr. Blackett; Dr. Macpherson; Mr. Jenner, Woodford; Mr. Davies; Mr. Poole; Dr. Morey; Dr. Rhodes; Dr. Ward; Mr. Torrens; Dr. Johnstone, Douglas; Mr. Cross; Mr. Biggs; Mr. Fielding; Dr. Haining; Mr. Wilson; Mr. Stewart Ringer; Mr. Lugar; Dr. Humphreys; Mr. Bunting; Mr. Pasmore; Mr. Hargood; Dr. Swallow; Mr. Barnham; Mr. Gilmour; Mr. Macbean; Mr. Edwards; Mr. Settle; Mr. Fiske, St. John's; Messrs. M'Clelland and Co.; Mr. Power, Aldershot; Mr. Mearns; Mr. Garling; Mr. Johns; Mr. Crane, Darlington; Mr. Page; Dr. Hall; Mr. Evans; Mr. Moore; Dr. Eddison; Mrs. Ousseley; Mr. Drew; Mr. Sadgrove; Mr. Carter; Dr. Heuston; Mr. Jenkins; Mr. F. Clarke; Dr. Ankin; Dr. Pringle; Mr. Burns; Mr. Diver; Mr. Rooke; Dr. Smith, Leeston; Dr. Burton; Dr. Kerr, Dumfries; Mr. Nanney; Dr. Fox, Scarborough; Dr. Wallace, Liverpool; Mr. Myles; Dr. Phillipson, Newcastle; Dr. Sullivan, Dublin; Mr. Wade; Dr. Doag, Queensland; Dr. Sedgwick; M. le Baron Haussmann, Paris; Mr. Barnes, Liverpool; Mr. Bishop, Edinburgh; Mr. Pratt; Mr. Harris; Mr. Fleury; Dr. Parnell, Wells; Mr. Ash; Mr. Laird, Bootle; Mr. Holyoake; Mr. Manley; Mr. Proctor; Mr. Hooks, Manchester; Mr. G. Gregor; Mr. Knight; Mr. Coldstream, Edinburgh; Dr. Rawson, Thornton; Dr. Jackson, Plymouth; Mr. Mason; Justitia; A Subscriber; Civilitas; Pyx; A Student of St. Bartholomew's Hospital; N. E. D.; A Workhouse Surgeon; Strange; M.D.; Nurse; *&c. &c.*

Banffshire Journal, Jersey Independent, Brighton Gazette, Downpatrick Recorder, Edinburgh Evening Courant, Sheffield Daily Telegraph, Indian Medical Gazette, Runcorn Examiner, Australian Medical Gazette, Glasgow Herald, Southampton Times, Scarborough Gazette, Bristol Daily Post, Melbourne Argus, Essex Standard, Gibraltar Chronicle, Hampshire Telegraph, Hackney Express, Dublin General Advertiser, Supplement to Sheffield Independent, Ashton-under-Lyne News, Hexham Herald, and *Le Mouvement Medical* have been received.

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Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.